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Presented by

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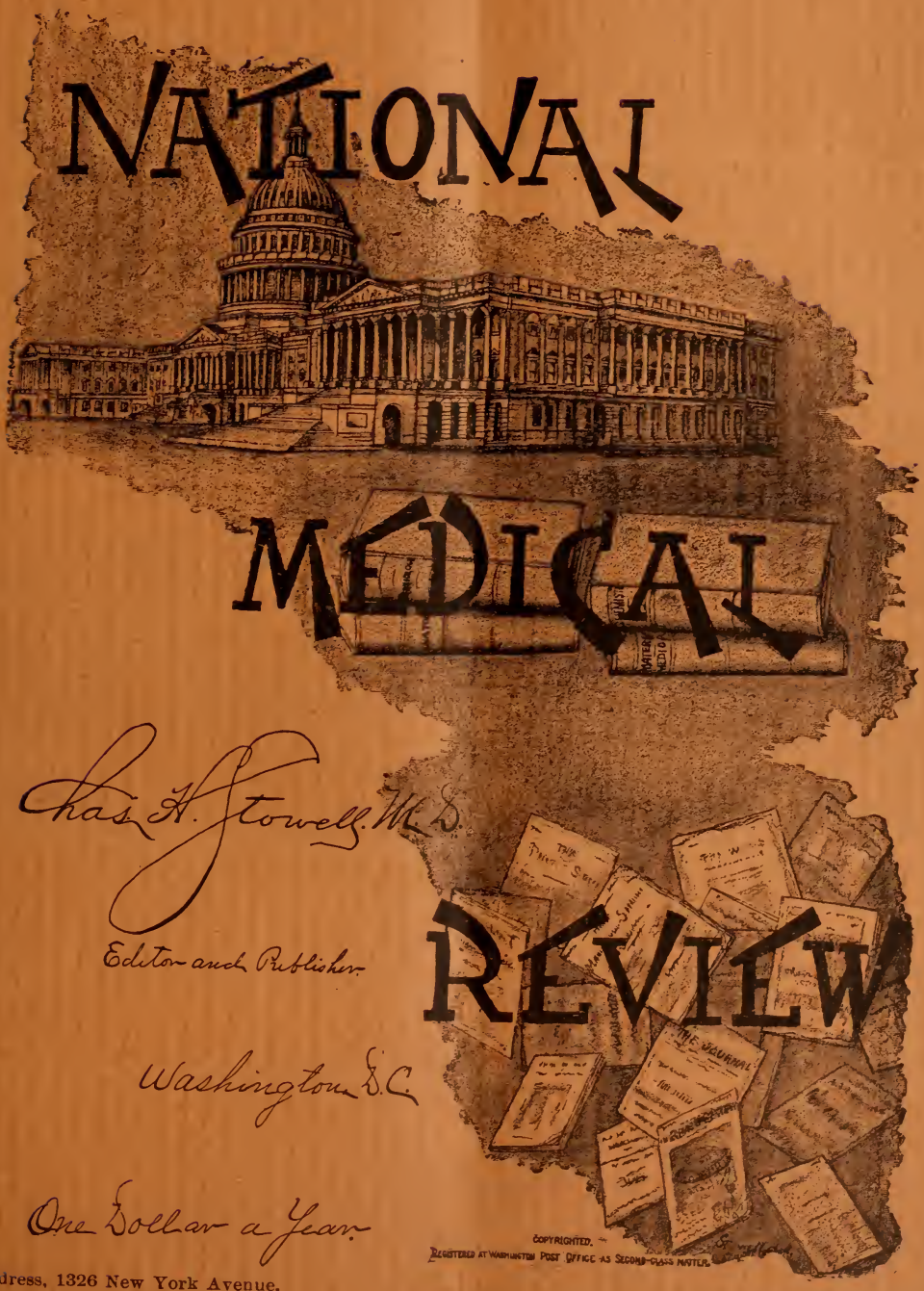
Vol. III.
A Monthly Journal

APRIL, 1894.

No. 2.
For the Busy Practitioner.

THE NATIONAL MEDICAL REVIEW



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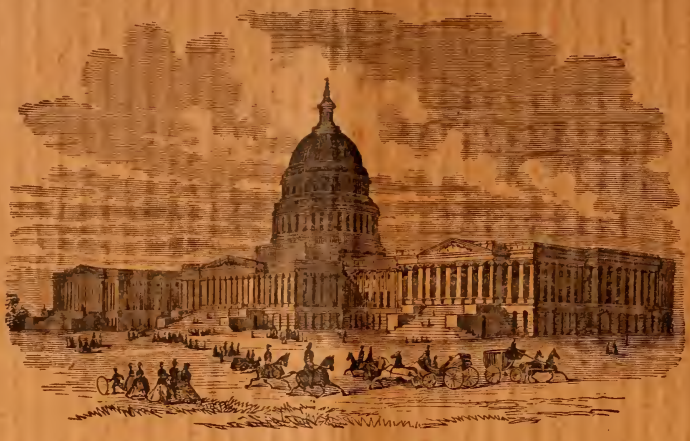

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THE
NATIONAL MEDICAL REVIEW.

VOL. III. WASHINGTON, MARCH, 1894. No. 1.

CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Reception by Dr. Busey.

The exercises of the 75th anniversary of the Medical Society of this city had a most auspicious beginning in a reception given to the members of the Society by their President, Dr. S. C. Busey. On the evening of the 15th, from eight o'clock until ten, Dr. Busey received nearly every member of the Society, and a most enjoyable time was experienced by all. We not only had a most delightful time with each other, but we also had the pleasure of meeting a number of the visiting delegates.

The Anniversary Exercises.

The exercises of the anniversary proper began on the evening of the 16th at the National Rifles' Armory Hall. The local press has given these exercises such full notice that it remains for us only to state that, so far as we have been able to learn, they were fully up to the high expectations of the profession. The limited number of our pages prevents us from reproducing these addresses, interesting as they certainly would be. But, in due time, these are all to be published in book form, together with all other matters pertaining to the anniversary. It was apparent to all present at these exercises that each one who took part had not done so in a thoughtless or careless manner; but rather thatmuch thought and a great deal of time had been expended in the way of preparation.

The Anniversary Banquet.

More promptly than would naturally be expected under the circumstances did the subscribers to the banquet fund gather at the Arlington after the literary exercises at Armory Hall. By eleven o'clock about a hundred persons were seated in the banquet hall. We have not heard one single criticism of the menu, while we have heard many comments to the effect that it was one of the choicest the persons had ever seen served. By 12 o'clock all were ready to respond to the stroke of the President's gavel, as, in a few well chosen words, he called upon Commissioner Ross to respond to the first toast. Notices of this and other toasts following have been given in the local press, so that we simply make the general observation that over an hour was enjoyed in this way.

The Conclusion.

The conclusion of the whole matter is simply this: It pays to have such gatherings. We are all of us brought closer together, and become better acquainted with each other and more interested in our mutual welfare. Taken as a whole we may vote the anniversary a great success, and may also express the hope that

a large number of those who were present at this anniversary may be permitted to take part in the Centennial Celebration.

Personal Sketches.

Dr. Busey told us that the medical profession was not conducive to long life. But if it allows us to reach the age of Dr. Parvin of Philadelphia, and permits us to retain such an amount of mental vigor and physical energy as he displayed in his address of congratulation, we are then ready to declare that we are willing to take the chances of dying prematurely young. Although Dr. Russell came to us from the sharp, chilling blasts of New Hampshire, yet the warmth of his genial manner and the fact that he came from Concord brought sunshine and harmony to us. Dr. Shattuck proved that a man might even come from the rigid and cold-blooded town of Boston, and yet be able to tell a good story in the best possible manner. Dr. Ashby had considerable to say about our being the daughter of the society to which he belonged, and as the doctor looks as if he could father the whole of us we have no objection to being regarded as one of the boys! Those who had the privilege of occupying a seat near that of Dr. Gray of New York soon found that he could keep things lively about him without portraying the least change of countenance, thus proving his own specialty—that you cannot always tell from looking a man in the face whether he is a preacher or a poet!

Report of Anniversary Committee.

The following report was received from the Committee in charge of the Celebration of the Seventy-fifth Anniversary of the Medical Society of the District of Columbia, and was unanimously adopted February 21, 1894:

WHEREAS, The eleven senior medical societies in this country did accept the invitation to attend by representation the celebration of the Seventy-fifth Anniversary, of which many were present by representatives, and took part in the ceremonies of the occasion on the 16th instant:

Therefore, be it resolved, That the Medical Society of the District of Columbia, in acknowledgment of such cordiality of good will and fraternal comity on the part of said societies, does hereby direct the proper officers to convey to each of said societies and to each representative present its grateful appreciation of the high compliment thereby bestowed, and to give expression to the sincere wish that the fraternity and friendship thereby established may continue without interruption through the years to come.

Resolved, That the Medical Society of the District of Columbia, hereby tenders its thanks to Dr. Theophilus Parvin for his able, instructive and eloquent Address of Congratulation, delivered at the Seventy-fifth Anniversary Celebration of said Society.

Resolved, That the Medical Society of the District of Columbia hereby tenders its thanks to the Rev. William A. Bartlett, D. D., for his presence and participation in the commemorative ceremonies of the Seventy-fifth Anniversary of said Society.

Resolved, That the Medical Society of the District of Columbia tenders its thanks to Drs. W. W. Johnston, J. Ford Thompson and Thomas C. Smith for their very interesting and instructive addresses, delivered at the commemorative ceremonies of the Seventy-fifth Anniversary of said Society, February 16, 1894.

Dr. A. F. A. King moved that the thanks of the Society be extended to the President, Dr. S. C. Busey, for his able and instructive address, delivered

at the commemorative ceremonies of the Seventy-fifth Anniversary, February 16, 1894.

The Committee submitted the following nominations for Honorary Membership:

William Osler, M. D., Baltimore, Md.; Thomas A. Ashby, M. D., Baltimore, Md.; Landon Carter Gray, M. D., N. Y. City; M. W. Russell, M. D., Concord, N. H.; George M. Sternberg, M. D., Surgeon-General, U. S. A.; Walter Wyman, M. D., Surgeon-General, U. S. M. H. S.; Bedford Brown, M. D., Alexandria, Va; Frederick C. Shattuck, M. D., Boston, Mass.; Theophilus Parvin, M. D., Philadelphia, Pa.

Signed by the Committee.

SAMUEL S. ADAMS,
Recording Secretary.

FEB. 23, 1894.

Food for March.

The March number of our New York journal, *Food*, contains a number of original communications, many of these being from Washington physicians. Dr. Charles W. Brown, of this city, has an article on Cancer of the Stomach, with Prolonged Rectal Alimentation; Dr. C. G. Stone, of Brightwood, on the Treatment of Typhoid Fever; and also papers on this same subject from Drs. W. W. Johnston, S. S. Adams and James D. Morgan.

This Journal for April.

This journal for April will be largely composed of recent transactions of the Medical Society of this city. Some very interesting discussions have taken place in this society of late, especially those in connection with the study of typhoid fever. As we will not be able to reproduce in full the papers noted as appearing in the March number of *Food*, we would state to all those who desire the original papers as well as the discussions upon the same that they would do well to get the March number of the journal referred to.

Beginnin of Volume III.

This number is the first of Volume III. Therefore for two years our journal has been in existence, as long a time, we believe, as any journal has lived in this city. We have some things to regret and many to hope for. The principal regret is that we are unable to increase the size of our journal to at least three times its present number of pages. We do not know how this could be done at present without too great financial loss. Therefore we shall have to ask our friends to be satisfied with us as we are for another year at least. We send out no bills to subscribers, so this may be taken as a gentle hint that a year's subscription will help us very much, especially as each journal mailed to subscribers in this city costs us twenty-four cents a year for postage.

Humanity and Health.

A copy of *Humanity and Health* for January is on our table. We naturally turn to see what the editor, in this case a woman, has to say. We find she has a good deal to say. She has had the pleasure of meeting one of the most genial and one of the best-liked members of the medical profession. She does not hesitate to say so. But she says it in such a way that we believe the person she refers to must be offering up a most earnest petition day and night to be saved from such friends. She finds this person "charming," "sympathetic," "cordial," "versatile," "interesting," "intuitive," "inspirational," "clear-sighted," "affectionate," "winning," with "broad, deep and responsive sympathies." This is but a homœopathic dose of what she administers. A little sweetening now and then is relished by us all; but when it comes

to pouring gallons of thick New Orleans molasses down our throats we are forced to cry aloud, in the name of *Humanity and Health.*

February Food.

The February number of *Food* contains six original communications, thirty-three editorials and a large amount of miscellaneous matter. Two of the original communications are from Drs. H. D. Fry and S. S. Adams of this city, the former writing on the Rearing of Premature Infants, and the latter on the Rearing of Feeble Infants. Dr. F. S. Hough of Detroit contributes an article on Milk, and the Inspection and Regulation of Dairies. Wm. T. Cathell of Baltimore has an article on the Study of the Effects of Tobacco on the Nose and Throat. Dr. W. J. Moody of Iowa has a communication on Food Hygiene. Dr. H. Hildebrandt has an exhaustive article on Nutrition with a New Albumose Preparation.

The publishers of *Food* have purchased the *Journal of Balneology*, a journal which has been in existence for seven years with a rating of a circulation of 10,000 copies a month. The publishers' office is at 71 Park Place, New York.

The Good Fellowship of Physicians.

There is a too current belief that physicians do not live in harmony to the same degree which characterizes the members of the legal profession. To all such critics we would suggest that they seek admission to our Medical Society. It is there that the sharpest distinctions of opinion are brought out and defended with all the strength the advocate can command. It is there too that one never sees the display of bad blood. It is to the credit of the profession as a whole, and to the local profession in particular, that such universal good nature prevails.

A New Medical Journal.

The first number of the *Savannah Medical Journal* has been received. It is published at 362 Lexington Avenue, New York, and is to be a journal devoted especially to the interests of the Gulf-Atlantic States. It has the handsomest cover we have ever seen on a medical journal; so handsome that one cannot resist looking carefully through its pages. It has many of the faculty of the Post-Graduate Medical School on its list of contributors. The journal is nearly all original matter and it only has to keep up its subsequent numbers to the standard of the first in order to take rank at once among the first journals in this country.

Atlantic City as a Health Resort.

No one will dispute but that sea air as breathed at Atlantic City is a nerve tonic of the utmost value. No matter how greatly overtaxed the nervous system may be, nor how unfavorable the weather when he arrives, he will nearly always begin at once to eat and sleep better. He will gain in spite of poor weather, although sunny days are to be preferred. As the sleep grows sounder and the appetite increases, so the blood becomes enriched and the nerve centers refreshed. The health is usually and often rapidly restored.

Besides the nervously exhausted patient, the one who is suffering from simple atonic dyspepsia will almost invariably meet with a rapid cure from a slight sojourn at this famous resort. Such persons take on flesh and grow stronger at a most surprising rate, even though the weather might not permit them to go out of doors. Anæmia, Chlorosis and Struma are greatly benefited by the sea air, while the gain is more marked if bathing be added.

These are some of the ideas we glean

from a very interesting article in the last number of the *Therapeutic Gazette*, contributed by Dr. Boardman Reed. As there are so many residents of our city who visit this resort, the complete article will be found of especial value to the physicians of our city.

Typhoid Fever in Pregnancy.

In the last number of this journal we gave a synopsis of a paper by Dr. McArdle on Typhoid Fever in Pregnancy. The discussion of the same was given in full. Since this appeared in print we have noticed a report on this subject in the *Lyon Méd.*, by Vinay. The writer urges the value of the cold bath in all cases of typhoid fever in pregnancy. He says when the cold bath is not used the maternal mortality is seventeen per cent, but with the use of the bath it is lowered to six per cent. Where the bath is not used abortion occurs in sixty-five per cent of the cases, and in only fifty-five per cent where the patient is placed in the bath. If the typhoid fever is of only a medium type abortion seldom increases the patient's danger, but the contrary is true if the disease be severe. Typhoid fever is little aggravated by delivery at term, but is very dangerous when it actually develops in the puerperium.

A Fracture or Dislocation?

A well-known physician in Brooklyn has the prospects of a most undesirable suit for malpractice. He diagnosed the injury as a fracture, and treated the same accordingly. A visit later to the city hospital resulted in the house surgeon declaring that there was no fracture, but dislocation. A long and bitter fight is ahead, with the prospect of the most conflicting testimony and much ill feeling. The doctors will do the sowing but the lawyers will do the reaping.

Can Typhoid Fever Be Aborted?

The members of the Medical Society of this city will be greatly interested in reading an article in the *Journal of the American Medical Association* for February 10, in which the author claims he can abort all cases of typhoid fever. For twelve years he has not had a single death from this disease. All his cases recover in from three to twelve days after his treatment is put in force. Dr. Woodbridge of Youngstown, Ohio, the author of the article, reports a large number of cases treated by his method, and he earnestly desires all physicians to become acquainted with it so that they may try it for themselves. If other physicians can have the success with this method of treatment that the author has had, certainly a new era in medicine is about to dawn upon us.

La Grippe.

While it appears to be the general statement of physicians best able to judge that the present epidemic of the grip is not either as severe or as fatal as in some of the preceding years, yet it goes without saying it has been severe enough. In the last number of the *Popular Science News* a writer says:

"It has been estimated that the last epidemic of la grippe killed far more people, on its direct attack, than the worst epidemic we have ever had of the dreaded Asiatic cholera. Those maimed for life by its attack, or brought at a later date to untimely graves by its indirect consequences, would materially swell its majority. By taking workingmen from their employment it took millions of dollars of their wages from them, and by checking production to an equal extent lowered the wealth of the nation. Few diseases have so high a total death rate owing to the large number of its victims. Reckoning by percentage, it

being but two per cent, it makes a poor showing as compared with cholera and its fifty per cent, but in actual figures it is alarmingly high. In some regions it is more fatal than others. In Iceland the death rate, when compared with numbers attacked, ran higher than in any other country. This disease not only raises the death rate when present in a region, but it keeps it up for months afterward and leaves the community it has visited in an unusually depressed condition of health. It attacks every age and every condition of life, and seems to have a particular partiality for the debilitated and weak."

The Irony of Fate.

"What must have been the chagrin of the tramp who declared that hunger compelled him to knock a man down one night for the purpose of robbing him, hoping that he might get a haul sufficient to enable him to get a meal. When he had gone through his victim's pockets he found only a small bottle labeled "Papoid—take one after eating." —*Savannah Medical Journal.*

Cheered beyond description by this discovery the tramp took from his pocket a piece of boarding-house steak which had been given him at the last house. He knew now he had found something which would cut the meat, even if his knife would not. So spreading the Papoid over the fried leather he sat down on a cold stone to enjoy his sumptuous feast of as tender a piece of steak as Delmonico ever furnished.

Dangers of Mouth Breathing.

We noticed some time ago an article in the London *Daily News*, upon the sickness and mortality among the animals in the Zoological Gardens of that city. The writer says those animals least affected were the elephants, and the explanation given to him by one of the keepers was that the elephants never breathe through their mouths but always through their trunks. It certainly is a noteworthy fact that there is no animal in existence except man that so habitually keeps the mouth open, or sleeps with it open. The celebrated traveler, George Catlin, made many observations among the North American Indians and declares that the women insisted upon their children keeping the mouth closed, and this training was continued so long as the children were under the care or control of their parents. No matter how cold or damp it might be the individual could then breathe without danger or injury to the lungs. Catlin came to the conclusion that the comparative freedom from throat and chest affections among the Indians is attributed in a great degree to the universal practice followed by them of keeping their mouths firmly closed, except when they were speaking or engaged in taking food.

A recent writer in the London *Hygiene* says that if we could but better appreciate the necessity of breathing through the nose, we would have an immense diminution in the number of cases of sore throat, coughs, bronchial and lung affections. He also shows how breathing through the mouth is a most fertile source of deafness.

Although this is an old subject and one upon which a great deal has been written, yet we do not believe its full importance is appreciated, while its necessity can never be overestimated.

Latin Prescriptions.

Some of our readers may remember that only a few years ago Professor Esmarch of Berlin made a vigorous attack on the practice of writing prescriptions in Latin. London *Hygiene* says that a prescription was given to a justice by a prominent London physician with directions that the mixture should be

taken *quartâ quâque horâ*—every fourth hour.

As one of the ingredients was a very powerful drug it was very necessary that the time between the doses should be at least four hours. But the druggist labeled the bottle with directions that the dose should be taken "every quarter of an hour." As the justice was a Latin scholar, and as he read the prescription before giving it to the druggist, he disregarded the English instructions and followed those given by the doctor. "Had he done otherwise, science and the judicial bench would have lost a brilliant ornament."

To Use the Useless.

The legislature of Ohio will soon be called upon to discuss a bill recently introduced which is opposed to hanging and provides as a substitute for that method of punishment, death by means of anæsthetics. A board composed of physicians and scientists are to take the condemned man and place him in a painless sleep, after which they have the privilege of taking off the top of his skull and examining the brain, or laying bare the heart and other organs and study their action. This is indeed making good use of useless material, and, although not an advocate of capital punishment as the only way of dealing with murderers, yet if such a bill could be made a law we would be in favor of it. However, there are so many objections that could be raised to such a procedure that we do not believe public opinion would ever allow the bill to become a law, much less for the law to remain for any length of time on the statute books.

Tubercle Bacilli.

Some interesting observations have been made in London on the length of time which tubercle bacilli will remain in the dried dust of a house in which have been cases of tuberculosis. The history of one house is given where a man died of phthisis some fourteen years before the date of these studies. Six years later a family moved in the house, all the members of which were in good health. The mother and three daughters had phthisis, two dying from the disease. A large number of slides of dried dust, taken from various parts of the house, were examined for the tubercle bacilli with the result of finding these germs in large numbers. On one slide prepared from dust taken from the top of the dining-room door, there were no less than eight groups of these bacilli, one of which numbered several hundred germs.

Treatment of Gall-Stone Colic.

Prof. H. A. Hare discusses the treatment of Gall-Stone Colic in an editorial in the last number of his journal, the *Therapeutic Gazette*. Dr. Hare reviews some interesting observations made at the Royal Infirmary in Manchester. Here it was found that none of the inorganic drugs have any solvent power whatever upon gall-stones, although by freeing the portal circulation and keeping the alimentary canal clear of fæces he believes that they are powerful adjuvants to treatment. He finds, on the other hand, that gall-stones placed in olive oil undergo comparatively rapid solution, so that nearly seventy per cent of their weight is lost in the course of ten days. Still more powerful for the solution and breaking up of the stones did he find the animal soap of the British Pharmacopœia which caused a very much more rapid solution of these bodies.

From this it would seem that the olive oil treatment of gall-stones is more rational than has been supposed. Dr. Hare says that he regards the employment of the phosphate of sodium, given in a dose of from two to four drachms

or more, in hot water every morning before breakfast, as a valuable prophylactic. He has seen this treatment result in the passage of large amounts of hepatic gravel and in the great amelioration of the attacks both in severity and frequency.

Specific Treatment of Typhoid Fever.

Dr. Eng. Frankel contributes an article to one of our German exchanges on the Specific Treatment of Typhoid Fever. As soon as the diagnosis is established, deep injections were made into the gluteal region of the following solution: Into sterilized thymus bouillon, cultures of typhoid bacilli upon agar were introduced; it was then placed in a thermostat for seventy-two hours at a temperature 36°–37° C. The bacilli were then removed as far as possible, and the bouillon maintained at a temperature of 63° C. in a water-bath till completely sterilized. It was then ready for use.

One-half a cubic centimetre of this prepared bouillon was injected at intervals of two days, the amount being gradually increased up to four or five cubic centimetres. In mild cases the temperature dropped after a few injections, while in the severe cases the decline was more gradual. The crisis was noted by profuse perspiration, which was at once followed by rapid improvement in general condition. Professor Frankel reports fifty-seven cases treated in this manner.

For Acting Assistant Surgeons.

A bill has recently been introduced in both Houses for the relief of acting assistant surgeons. This relates to private physicians who were employed as medical officers during the war, who were subject to the same control as commissioned medical officers, but who were known officially as acting assistant surgeons. Because they were not commissioned as officers they are denied admission to military organizations like the Loyal Legion and the Grand Army of the Republic. The bill referred to relieves them of this unjust discrimination, and we cannot possibly understand how anyone could take exceptions to it. It is to be hoped that physicians will send such word to their representatives in Congress as will convince them of the justice of this measure.

Therapeutic Value of Strychnia.

The January number of the *Virginia Medical Monthly* contains an article by Clifton Mayfield, M. D., of this city on the Therapeutic Value of Strychnia. Dr. Mayfield says he can speak words of high praise as to its effect in chronic alcoholism. The appetite is restored, sleep is induced, and the various nervous symptoms lessened. In heart affections he relies almost entirely upon strychnia alone or combined with ammonia. He does not use digitalis unless for its immediate stimulant or for its diuretic effect. In neurasthenia in which the digestive function is always important, and in chronic indigestion of all types he finds strychnia of great service. He also prescribes this drug in chronic bronchitis and pulmonary tuberculosis. By its use, respiration becomes slower and deeper, the cough and the catarrhal secretion are lessened, and the general condition of the patient is improved.

Chicago, a Medical Center.

It would be impossible for any one to say anything about the city of Chicago that might not be true. Therefore, when one of the medical journals of that city claims that Chicago is destined to become the great medical center of America we will not dare to dispute the statement. The *Western Medical Re-*

porter says that the colleges are all being prepared to receive the great rush of students that will soon be seeking instructions in that city. In speaking of the various schools now in existence, the editor of the *Reporter* says that the Chicago Medical College has adopted a four years' course of lectures and is just completing one of the most magnificent college buildings in the world. The College of Physicians and Surgeons has just finished five immense laboratories (40 by 150 feet, each) adjacent to its already commodious structure. And Rush Medical College will soon have the new laboratory building ready for occupancy—a beautiful edifice, 100 by 150 feet, five stories high, fully equipped. All these are at present unsurpassed by any school in the world—and no mention has been made of the possible medical department of the richly-endowed University of Chicago.

Arsenic as an Antipyretic.

In order that our readers may know of some of the powerful antipyretics used by the homeopathic practitioners we quote from a recent article on this subject found in the *Hahnemannian Monthly*. The writer says that "arsenic is an antipyretic of the widest possible scope, ranging therapeutically from the symptomatic fever of gastric irritation or the hectic tuberculosis to the malignancy of typhus or the putridity of pyæmia or septicæmia. Its mode of action is that of a protoplasmic poison. Arsenic reaches into the inmost depths of the pyrexial process."

The Blackball.

This is a most troublesome little globe. It may present itself to us in the form of a black ball, or in the answer, no. The fact is we use one or the other many times without thinking how serious the act is. Before anybody deliberately votes to deprive a fellow creature of that which he so much desires the most careful thought should be given. The blackball means the discouragement and sometimes the ruin of the man who receives it; while the man who gives it may forget all about it in an hour. We cannot expect everybody to think precisely as we do; while perhaps with our aid and friendly counsel we may do the individual an untold amount of good. Let us be very careful how we make use of that dangerous and fatal blackball.

Ahead of the Pharmacopœia.

Nearly three years ago Parke, Davis & Co. were sued in the New Jersey courts because they were selling a tincture of nux vomica not of standard strength. The testimony introduced by the defendants formed a solid array of the best talent in this country. Of course, much depended upon the strict interpretation of the statute.

Now the sequel to this is found in the new U. S. Pharmacopœia which became a part of the New Jersey statute on January 1. By this test the State had to abandon its case; for the methods employed by the defendants in analyzing their tincture, and their interpretation of what constituted the "strength, quality or purity" of the preparation, are all in exact accord with the revised Pharmacopœia. These facts simply show that this firm used methods so superior to the old standard that they were formally adopted as the new. The firm was more progressive than the U. S. Pharmacopœia even. Judged by the old, the firm was putting out impure drugs. Judged by the new, the drugs are up to the severest tests. As a rule, the Pharmacopœia makes the manufacturer change his methods. But in this case, it would appear that the manufacturer is the aggressive party.

ORIGINAL COMMUNICATION.

Terraline in La Grippe: Broncho-Pneumonia.

By J. R. Garber, M. D., Stanton, Ala.

I read with unusual interest an article on "Some Experiments With Terraline" in the November number of *Food*. This tempts me to supplement it with a brief narration of my limited clinical experience with that article.

I had not, before, had my attention directed to Dr. Hare's conclusions to the effect that it, as well as some other of the coal-tar products in frequent use, were "not absorbed;" the statement occasioning me some surprise. That your conclusions are correct, and that we have a valuable addition to our therapeutic list, I submit the following case:

Miss ——, a young lady of delicate physique, aged about 20, had a severe visitation of that now popular foreigner *la grippe*, in the winter of 1891, from which she apparently recovered only to have a severe recurrence of it the following winter. From the second attack she did not entirely recover, and for several months sought relief at the hands of several physicians, and when in July, 1893, she consulted me, her condition was as follows: Respiration rapid and shallow, with an inability for even slight physical exertion; pulse small, quick and frequent, 120; countenance pale; skin cool and clammy; temperature 100; a deeply seated cough, that greatly aggravated a constant, severe pain in the left side; worse at night, often preventing sleep; appetite mostly absent; marked debility and prostration; weight about 84 pounds.

I felt satisfied that my patient had broncho-pneumonia in her last experience with *la grippe*, and even at the time of my taking the case her lung was crippled with an effusion of catarrhal products into the lung tissue. As she had taken cod liver oil, iron, quinine, strychnine, etc., without experiencing relief, I immediately put her on "Terraline," a bottle of which I happened to have at hand.

In a short time she experienced improvement in the appetite, with a gradual amelioration in the cough. Under the continued use of "Terraline," she reported herself in December last as "nearly well." Fearing she might again contract *la grippe*, I ordered her to Southern Georgia, and to continue the medicine. Recent advices from her report her condition improved beyond the most sanguine expectations: appetite restored; cough entirely gone; sleeps well; weighs 128; in short, declares herself "perfectly well." She will remain in her present environments till about the middle of April, by which time I feel sure the lung lesions will have been entirely healed.

Throughout the treatment only "Terraline" was given, and I would emphasize the fact that improvement speedily began under its use.

While "one swallow does not make a summer," I feel sufficiently encouraged from the results obtained in this case, to make further use of "Terraline," with a sanguine expectation of definite results.

It may be of interest to add that I once gave this patient eight grains of antifibrin, four grains repeated in two hours, with most alarming toxic results

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These prescriptions are taken from our exchanges of the past month:

Ointment applied to large joints in articular rheumatism. Annoint joints and cover with flannel.

℞ Salicylic acid.....
Lanoline..... } aa gms. 10
Ess. of turpentine .....
(ʒ ijss.)
Benzoated lard..... gms. 80
(ʒ ijss.)

Painful Dentition:

℞ Muriate of cocaine..... ..... gr. jss.
Tincture of conium,
Syrup..... āā ʒ ij.
Rub on the gums several times daily.

Acute Gastric Indigestion:

℞ Papoid..... .....gr. iss.
Sugar milk ..... gr. j.
Bicarbonate soda..... ... gr. v.
Mix. One powder.
Take after meals.

For hemoptysis:

℞ Gallotannic Acid,
Ergotine, āā..... ....1 gm. (grs. xv.)
Distilled Water,
Syrup āā..... 25 gms. (ʒvj.)
A teaspoonful every hour.

NEWS ITEMS.

Sir Erasmus Wilson bequeathed $1,000,000 to the Royal College of Surgeons.

Six fatal cases from accidents received at football are reported for the present season.

Sir Astley Cooper had an income of $75,000 for many years, while in one year it reached over $100,000.

Professor Penzoldt, of Erlangen, says that "chloralamid was one of the few narcotic drugs which accelerated digestion and in a pronounced degree."

Dr. W. Gilman Thompson declares that the discovery of the therapeutical effect of thyroid extract in myxœdema is one of the greatest in the history of medicine.

Dr. Horalson, of Mississippi, claims that phenacetin is a prophylactic in epidemic influenza. He also regards it as capable of either absorbing measles or greatly ameliorating all the symptoms.

Caffeine and coffee are excellent remedies in seasickness. A cup of strong, pure coffee should be taken at the first approach of the trouble. The caffeine is used hypodermically.

Question. Are we as a race degenerating physically, mentally and morally?
Answer. Solomon says: "Say not thou, What is the cause that the former days were better than these? for thou dost not inquire wisely concerning this."

To check the nose bleed, plug the nostril with cotton dipped in a solution of fluid extract of geranium maculatum, one part to three of water. Fifteen to twenty drop doses of this extract will also arrest hemorrhage from the lungs.

In an exchange we notice the following rather lively treatment for cases of opium poisoning: Inject into the rectum one-half or one ounce of the tincture of capsicum. "The results are almost instantaneous; the patient awakens from the stupor and remains wakeful." The writer might add that the patient generally made some forcible remarks also.

Five cases of wounds of the heart and pericardium are reported, only one of which terminated fatally. Many cases are on record of bullet wounds and stab wounds of the heart which have recovered.

Lanphear's *Medical Index* has this: A good story is told on old Dr. Gentry, formerly a resident of Kansas City, now of Chicago—he who waved a microscope slide in the moonlight and caught the baccillus of "La Grippe" and several columns of free advertising in the newspapers. It is said that a certain Chicago clergyman announced from the pulpit that "our dear sister, Mrs. X., is suffering with a serious and painful illness. She is being cared for by our dear brother, Dr. Gentry. *Let us all pray for her safety!*"

The same writer replies to the articles in the *Medical Fortnightly* on What Shall We Do with the Cranks? by asking another, What Shall be Done with Those Who Are Not Cranks? He says they could be placed in a small room of most any suitable public building!

The *Boston Medical and Surgical Journal* for February contains an article on Ovariotomy for Nervous Diseases, by Robert T. Edes, M. D., formerly of this city.

Dr. F. Byron Robinson, of Chicago, insists that water is the best-known diuretic. He advocates and practices the giving of drink after every abdominal section.

The Supreme Court of Indiana has recently declared the saloon, even though licensed by the State, a nuisance. This makes the proprietors liable for damages to adjacent property by the presence of the saloon.

Prof. H. C. Wood says that digitalis has a cumulative action, without doubt. The great indication for its use is cardiac weakness. Its great contra-indication is aneurism. It should never be given in that disease. It may be used in all cases of acute disease when there is heart failure, though it is of little use in fevers.

There are over 20,000 horses sold in Paris each year for human food. It is said that the flesh of an old horse is much more tender than that of the young horse. This is probably on the principle that the more a steak is pounded the more tender it is.

An unusually instructive article, showing great care and extended research, is found in the *Therapeutic Gazette* for January. The article is by W. C. Caldwell, M. D., of Chicago and is entitled, "Actions of Drugs upon the Kidney."

A bill has been introduced in the legislature of Ohio abolishing hanging and substituting death by anæsthetics. After the criminal is put to sleep, physicians and scientists are to perform vivisections upon him and examine the workings of the various organs of the body.

A new preparation, just placed on the English market for the use of physicians, is composed of beef marrow fat from marrow bones which are cut in sections and the marrow scooped out. The marrow is then combined with raw eggs and the extract of malt.

Israelson, of St. Petersburg, says that lysol has the greatest antiseptic power and the least poisonous action of any of the coal-tar derivatives. He uses a one per cent solution for the skin and a two per cent solution for instruments. As it forms a lather with water it is a substitute for soap, rendering unnecessary the application of soap and water prior to operating. He urges its very general use in obstetrical practice.

Dr. Carroll Chapman of Louisville, Ky., reports nine well-marked cases of diphtheria with one death. He regards the disease as primarily local and secondarily constitutional. He relies almost entirely on the use of the peroxide of hydrogen.

The *Medical Record* says that over 200,000 persons have been vaccinated for nothing by the State Board of Health during the past year. If they were vaccinated "for nothing," we do not see why they were vaccinated. In this part of the country we generally vaccinate for the prevention of smallpox.

The drink bill for England for 1892, the London *Times* says, is a little more than $700,000,000. And this, too, when all our subjects have to do is to walk to the edge of their little island to find oceans of water as free as the morning air.

An exchange advises the physician to make the undertaker his friend. We are told never to recommend an undertaker who disapproves of post-mortems. Good advice to the old men, but poor when given to the young, because young practitioners never have an occasion to recommend an undertaker. They cure all their cases!

Dr. Gilman reports the case of a medical expert in the State of New York "who has at least a national reputation." The expert testified, for the prosecution, that the man was not insane. He signed a receipt for $500. The jury decided the man was guilty. At a re-trial the same expert testified for the defense that the man was insane. He signed his receipt again for $500. He had changed his mind "on account of further observation."

Dr. A. G. Hobbs says cocaine should never be used as a collyrium when an abrasion of the cornea exists. It is also contra-indicated in any corneal inflammation, and should not be prescribed beyond the acute stage of any form of conjunctivitis.

Prof. Galileo Ferraris, the Italian scientist, was asked by a young lady, What is electricity? A part of his reply was as follows: "It is not only the formidable agent which now and then shatters and tears the atmosphere, terrifying you with the crash of its thunder, but it is also the life-giving agent which sends from heaven to earth, with the light and the heat, the magic of colors and the breath of life. It is that which makes your heart beat to the palpitations of the outside world, it is that which has the power to transmit to your soul the enchantment of a look and the grace of a smile."

Two-grain pills of permanganate of potash (Parke, Davis & Co.), three or four times daily, are said to be a most efficient remedy in amenorrhœa.

THERAPEUTIC NOTES.

Hydroleine.

In the February number of the *Journal of Nervous and Mental Diseases*, the editor, Dr. Charles H. Brown, discusses the value of Cod Liver Oil in the treatment of all wasting diseases. He points out the objections to the use of this reconstructive and shows why such a preparation as hydroleine is much to be preferred to the pure oil. He says:

"Emulsions of Cod Liver Oil are of incalculable value in the direction of making it more palatable and easier of assimilation—but in Hydroleine we have more than a simple emulsion, we have an attempt at predigestion. There is evidently something accomplished in this direction, for assimilation of the oil is accomplished very thoroughly, as an examination of a patient's stools who take it will give but a trace of oil. Of all preparations of Cod Liver Oil, this one of hydroleine will also prove less disagreeable, as shown by a lessened tendency to eructations and complaints of its souring on the stomach.

"In Hydroleine we have a combination which seems to me to make available this valuable reconstructive and to enable us to use it as a flesh and strength increaser more universally and with confidence of the results. It has been our good fortune, at least, to find it a most universal success when properly recommended.

"The following formula represents the amount of two teaspoonfuls of one hundred and twenty drops of hydroleine:

Pure Norwegian Cod Liver Oil.....	80 m. (dps.)
Distilled water.....	35 "
Soluble Pancreatine.....	5 grains.
Soda.....	½ "
Salicylic Acid.....	¼ "

We would make the following suggestions:

1. Never prescribe large doses in the beginning—a good guide is, the relation the patient's stomach bears, at the moment, to that of a perfectly normal one in reference to digestion.

2. A small dose (ʒi) with a small dose (ʒi) of whisky and milk (ʒi) three times a day is undoubtedly a rapid flesh producing combination.

3. If any sourness or visage of eructations, a tablespoonful of lime water added will remove the trouble.

4. Persist in the fact that it must be taken for a long time.

Consumption Contagious.

We clip the following from one of our exchanges: "Dr. Herman M. Biggs, Chief Inspector of the Division of Pathology and Bacteriology of the New York City Health Department, officially declares consumption to be a contagious disease.

"Six thousand deaths from this dread disease were reported in that city alone during 1892.

"State and municipal boards of health in all parts of the country agree that consumption is at least an infectious and communicable disease, and that every tubercular person is a source of actual danger.

"The disease is transmitted from the sick to the well usually by means of the dried and pulverized sputum floating as dust in the air, and it is estimated that at least one-seventh of the persons who die from phthisis acquire it from breathing the air so tainted.

"This being the case it can in a great measure be restricted by the use of proper and unobjectionable disinfectants. Platt's Chlorides, one part to ten of water, frequently sprinkled about the room, and the same disinfectant, one part to four of water, in the cuspidor or vessel receiving the poisonous and offensive expectorations, is especially applicable as it is a liquid without odor or color, and its frequent use is not attended with any annoying features.

"Certainly it is time that more strict surveillance of this destructive disease were assumed by physician and attendant, and if physicians will do with consumption as they have done with other dangerous diseases much suffering and loss of life can be prevented."

After an attack of the grip the patient finds himself in a state of extreme weakness and prostration from which condition he is tediously brought to his former good health. Remedies which stimulate his exhausted nerves too vigorously

do so at the expense of his general condition. Then comes the relapse. Syr. Hypophos. Comp. McArthur conveys to the tissues the revivifying and vitalizing agent phosphorus in its most oxidizable and assimilable form. Thus the true vitality of the nerve structure is restored by renewing the nutrition of the tissues themselves.

Charles Day, M. D., 79 St. Mark's Square, London, says: I have prescribed your preparation, Iodia, with very satisfactory results. Its power of arresting discharges was again manifest in a case of otorrhœa. In this case, the result of scarlet fever in early life, the discharge had existed for many years. The patient could distinctly feel the action of the Iodia on the part, and the discharge gradually dried up.

In speaking of the use of Chekan for winter coughs, *Sanative Medicine* says: "Dr. Wm. Murrell, of Royal Hospital for Diseases of Chest, London, basing his opinion on notes of fifteen cases of chronic bronchitis in which he employed Chekan, says: 'In all cases the patient obtained some benefit, and in most instances the relief was very marked.' The Fluid Extract has a pleasant balsamic odor and taste. It is highly resinous, hence not miscible with water It mixes nicely with glycerine and syrups, in which it should be administered. We advise a testing of its merits."

A late number of the *Medical News* has a article by Dr. Horatio R. Bigelow, on Doctor Unna's plaster-mulls. Doctor Bigelow says these plaster-mulls are an ideal improvement on the ordinary spread plasters; fine gauze is covered with the thinnest possible layer of gutta-percha, on which the medicament is evenly spread, properly dissolved in a minimum quantity of vehicle or base. The gutta-percha covers the skin-surface hermetically, prevents transpiration from the pores, and thus facilitates the deeper absorption of the medicament and enhances the specific therapeutic effect of the indicated remedy. The vehicle or base employed is non-irritant and a solvent of the remedy. Of the latter, an exact amount or dosage is added, and being perfectly dissolved, every particle of the ointment-surface will act equally; in other words, the plaster-mulls offer a sort of specific medication. A chief advantage besides this exact dosage is that the plaster-mulls are so thin, elastic and pliable, that they can be closely affixed to any portion of the body without cutting or patching. No artificial heat or other manipulation is necessary for applying these plaster-mulls; simply placing them on the surface requiring treatment and holding them there for a moment suffices to firmly attach the plaster to the skin by virtue of the body-heat.

BOOK REVIEWS.

THE NATIONAL DISPENSATORY.—Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, including those recognized in the Pharmacopœias of the United States, Great Britain and Germany, with numerous references to the French Codes. By Alfred Stille, M. D., LL. D., Professor Emeritus, of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania; John M. Maisch, Ph. M., Phar. D., late Professor of Materia Medica and Botany in Philadelphia College of Pharmacy, Secretary to the American Pharmaceutical Association; Charles Caspari, Jr., Ph. G., Professor of Pharmacy in the Maryland College of Pharmacy, Baltimore, and Henry C. C. Maisch, Ph. G., Ph. D. New (fifth) edition, thoroughly revised according to the new United States Pharmacopœia (7th Decennial Revision, 1894), In one magnificent imperial octavo volume of 1,910 pages, with 320 elaborate engravings. Cloth, $7.25; leather, $8.00. With ready reference thumb-letter index, cloth, $7.75; leather, $8.50.

We are in receipt of this handsome and exhaustive work, the forthcoming appearance of which was noticed in the last number of this journal. No less than five editions of this great work have been demanded since its first appearance fifteen years ago; and we are told that in no previous edition have the changes and improvements been so great. This is partly due, probably, to the fact that it conforms to the new United States Pharmacopœia, in which there were so many sweeping changes.

The new synthetic remedies and the unofficial preparations, now so largely used, are introduced in this edition and ample space is given to their discussion.

Probably what will interest the readers of this journal most is the therapeutical portion of the work, which gives

such complete statements of the actions and uses of drugs. For those who are more especially interested in chemical and pharmaceutical information, the volume is unusually rich.

It is useless to speak of the accuracy of the work, as the names of Alfred Stillé and the late Professor Maisch have been so long identified with it.

The amount of labor expended on this edition is certainly very great, and we can hardly understand how the authors and publishers have succeeded in getting it ready within so short a time after the appearance of the new United States Pharmacopœia. Many of the older articles have been completely rewritten, and a large number of new ones introduced. The tables are unusually complete and full, while there is a list of over 400 formulas and molecular weights of chemical compounds.

The therapeutical portion of the volume seems to have received especial attention and the therapeutical index is so arranged that those seeking information on the treatment of special diseases can obtain the same without delay. There are over 25,000 references in the two indexes at the end of the volume.

In the preface of this edition Professor Stillé pays a most touching tribute to the character of his late colleague, Professor Maisch.

The book is now on sale at Lowdermilk & Co.'s, 1424 F Street, this city.

A Text-book of the Theory and Practice of Medicine. By American Teachers. Edited by William Pepper, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania. In two volumes. Vol. II. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894. Price per volume: $5.00 cloth, $6.00 leather, $7.50 Russia. Illustrated with 76 figures and 6 full-page plates. For sale by subscription only.

The first volume of this text-book was reviewed in the May number, 1893, of this journal. The second volume contains a chapter by Dr. William H. Welch, on the Biology of Bacteria, Infection and Immunity. Dr. Henry M. Lyman contributes 12 chapters, including Diathetic Diseases, Obesity, Diabetes, Gout and Rheumatism. Dr. William Osler contributes two chapters on Diseases of the Blood and of the Suprarenal Capsules. Dr. William Pepper contributes 13 chapters, while Drs. Jas. C. Wilson, Francis Delafield, Jas. W. Holland and Reginald H. Fitz complete the list of contributors.

One of the most interesting chapters is that by Dr. Welch. This writer says there are three conditions which complete the chain of evidence that a disease is caused by a specific micro-organism. These conditions have been fulfilled in tuberculosis, tetanus, anthrax, glanders and probably gonorrhœa. It is probable also that acute croupous pneumonia should be included. Dr. Welch says that if we can separate the distinct disease diphtheria, from other affections which have been called by that name, then this disease must be added to the list above. He also says that there is a large class of infections in human beings where the evidence is nearly complete that the specific micro-organism is a cause of a disease but is not the sole specific cause. In this class he places such diseases as meningitis, erysipelas, puerperal fever and many others. There is also another class of diseases in which the specific micro-organism is found constantly and exclusively, but as yet the disease has not been reproduced experimentally by inoculation with this organism. To this class belong such diseases as typhoid fever, cholera, influenza, etc. The whole chapter of some 70 pages will be read with much profit by all interested in the latest theories concerning the cause of disease.

Any extended comment on the value of the book as a whole, would seem to be useless, because, as we stated in a review of volume I, the prominence of the editor as an authority, and the ability of his associates all combine to guarantee a liberal reception by the profession on this latest work on the "Theory and Practice of Medicine."

The subscribers to this work will feel well repaid for waiting so long for the appearance of this volume. Three hundred and twenty-five pages are from the pen of Dr. William Pepper, and this, probably, could not have been the case were it not for this delay.

The publisher informs us that the entire book, including the colored plates, was printed on his own new presses.

ANTISEPTIC THERAPEUTICS. By Dr. E. L. Trouessart, Paris, France. Translated by E. P. Hurd, M. D., of Newburyport, Mass. In two volumes. The Physician's Leisure Library. Detroit, Mich.: Geo. S. Davis, publisher. Twenty-five cents a volume.

Volume one is a study of antiseptics from a chemical, pharmaceutical and physiological point of view. It gives a description of the antiseptics borrowed from mineral or inorganic chemistry.

Volume two gives the antiseptic treatment of diseases. A large number of formulæ are given, and many practical suggestions are offered. The work is divided into ten chapters, giving the antiseptic treatment of nearly all forms of disease. A number of pages are added, at the close of the volume, on the antiseptic hygiene of patients and their environment. This is the practical application of the theoretical considerations advanced in volume one.

THE POPULAR SCIENCE MONTHLY.

The *Popular Science Monthly* for March contains a large number of most interesting articles for physicians. We have an article on the Origin of Right-handedness. There is an illustrated article on the Fossil Man, but probably the article of most value to physicians is one by Dr. Douglass Graham on the Action of Massage upon the Muscles. Dr. Graham is a well-known authority on massage, thus giving his paper additional force and value.

THE FORUM.

The March number of the *Forum* contains very interesting reading, especially with reference to the income tax. Physicians have been discussing this with much spirit of late. To be sure not all physicians have enough income to worry very much about the taxes upon the same. Yet, there is a principle involved which it is well to discuss, and, if possible, to decide. Is a physician's income the amount of money he charges on his books, the amount of money he collects, or the amount left to him after he has deducted his expenses? The Hon. U. S. Hall, Member of Congress from Missouri, writes in favor of the bill and Mr. David A. Wells against it.

THE BOOK OF THE FAIR. Published by the Bancroft Co., Auditorium Building, Chicago. Parts 4, 5, 6. Price $1.00 each part.

We had the pleasure of noticing numbers 1, 2, 3 of this magnificent work in our January number. It is a work that must be regarded as one of the great educational influences of the day. It not only furnishes a beautiful work of art but also gives a most complete descriptive history of this, the greatest exposition the world has ever seen. We do not believe enough weight has been given to the educational feature of such a work as this. There is nothing sensational about it, as though the object were merely to arouse wonder; but, on the other hand, the great object seems to be to present just those things which which would lead to inquiry and improvement of the mind.

Part 4 contains a description of the manufactures of the United States, and, like the other numbers, is richly illustrated. The figures illustrating this number are unusually fine and give the reader a fair idea of the rich vases, cups, gold and silver pieces, richly ornamented trays, and almost every imaginable form in which the precious metals are involved.

Part 5 consists of the continuation of the Manufactures exhibit of this country and also Foreign Manufactures. Here we have descriptions and illustrations of porcelain and china ware, including the famous Worcester Royal porcelain. Many of the illustrations occupy a full page, which is 12x16 inches, while as we turn the pages, we declare that the last one surely exceeds the one preceding.

Part 6 begins with a description of the Austrian section, including Austrian bronzes, Bohemian glass, etc. The illustrations here are extremely fine, especially some in the part devoted to the Belgian section. The descriptions and illustrations of the Norway section are very interesting. Illustrations showing carved work, for which the people of Norway are so famous, are especially beautiful. We have here also the Italian and Spanish exhibits. One of the full-page illustrations in this number, the Grand Basin from Administration Tower, is a beautiful example of the photographer's, engraver's and printer's skill.

Abort a Chill:

℞ Spir. chloroform, gtt. xx.
Neurosine, ʒ iij.
Syr. zingiberis, ʒ ss.
M. Sig. Take at once.

THE
NATIONAL MEDICAL REVIEW.

VOL. III. WASHINGTON, APRIL, 1894. NO. 2.

CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

A Threatened Invasion.

The public press told us some months ago that this city was about to be invaded by a large army of the unemployed, who intended to surround the building on the Hill and demand work or bread. Later the press announced the organizing of another army who will demand appropriations for the building of good roads.

But all of this sinks into insignificance when compared to a threatened invasion which Dame Rumor says the Medical Society of this city is about to suffer. It is only the whisperings of the faintest rumor which come wafted to us on the gentle breezes of progressive medicine. But enough is already known to make the situation a serious one! We can sit quietly and see a few women enter the rooms of our Medical Society, but if we should chance to be present on the evening when "eleven of them" come marching single file into the room we should immediately take to the fire escape!

Ancestral Folly.

A friend recently remarked to us, in speaking of a young physician who had just opened an office in his part of the city, that he ought to succeed as his grandfather was a great physician. He then proceeded to tell some wonderful things about this grandfather, all of which was very interesting but which had nothing to do whatever with the case in hand. The ancestral business is carried to a most ridiculous extreme these days. If a father or grandfather was successful it seems it must follow that the son or grandson will be even a greater success. It would be interesting to read the histories of many of the foremost men in the medical profession of to-day. We believe that a large per cent of those whose names are most familiar would have no other but the plainest ancestry. The question is not what the grandfather was, but what the grandson is; not how much the father knew, but how skillful is the son.

"Withdrawn from Publication."

We do not believe it is the fair or proper thing for a person to read a paper before a body of medical men and then withdraw the same from publication. The only exception should be when the author of the paper feels that he has made certain statements which, after the paper has been discussed, he fears are of such a character that he does not wish them to appear in print. If a paper is of sufficient importance to take the time and attention of a body of medical men, it certainly should be important enough to allow it to appear in the columns of some of the many journals. A very interesting paper on the Preven-

tion of Diphtheria was recently read before the Medical Society of this city. At the close of the meeting the paper was promised to a certain journal for publication. The next meeting was occupied entirely with the discussion of the paper. At the close of the meeting when the author was asked for his paper he said it had been "withdrawn from publication." Did the discussion cause the withdrawal of this paper? Even if it did not, we wish to make the statement that in our opinion the Medical Society of this city is composed of men of such ability that no paper should be read before it which is not worthy of publication. To withdraw a paper from publication is either a confession of weakness on the part of the author or a reflection on the qualifications of his hearers. An author ought not to read a paper before a body of men which he recognizes as his equals without devoting enough study to his work to entitle that paper to appear in any respectable journal which he might select. There are a score at least of representative journals, any one of which would be glad to accept any article which is worthy to be read before the Medical Society of this city. We do not like the idea of the author of a paper declining to allow his work to appear in print, in order that it may there be more carefully studied and commented upon.

Advertisements in the Public Press.

This journal has already commented on the pernicious advertisements which appear in the daily press, relating to subjects which should be confined strictly to the medical profession. The papers of this city have recently given to the public some advertisements in this line which are of a most indecent character. They call attention to subjects which should not be mentioned in the columns of any respectable paper. They also consist of statements which are as false as an untruth can be. Those persons who are uneducated in professional matters are thereby led to commit the gravest errors. In view of these facts, the Medical Society of this city recently appointed a committee to consider the subject and to see what could be done in the matter. As a result the committee made the following report, which was unanimously adopted:

WHEREAS, It is the duty of the medical profession to protect the community from all things which menace health; and

WHEREAS, The public press contains many advertisements which advise people to purchase nostrums and consult charlatans; and

WHEREAS, Many of these advertisements are both indecent and immoral, tending to excite curiosity in the young and calling attention to those subjects which, by common consent, are deemed productive of disease, vice and crime; and

WHEREAS, Many individuals are thereby led to think themselves suffering from some serious disease, so enticingly but incorrectly described by said charlatans; and

WHEREAS, A bill has been introduced in the House of Representatives, known as Bill No. 4732—a copy of which is here appended—the purpose of which is to correct these existing evils, therefore,

Your committee recommend the passage of the following resolution:

Resolved, That the Medical Society of the District of Columbia, in behalf of the health and morality of this community, gives its hearty support and unqualified approval to House Bill No. 4732, and that we hereby urge upon Congress the passage of the same.

Signed by the committee.

CHARLES H. STOWELL,
T. E. MCARDLE,
P. S. ROY.

This Society also adopted a resolution directing the secretary to transmit a copy of the above resolution, together

with the preambles, to the committee of Congress having charge of House Bill No. 4732. This bill seeks to correct many of the existing evils, and we urge upon our exchanges to call the attention of medical societies to the existence of this bill, a copy of which can be procured by requesting the same from one of the members of the House. Prompt action from medical societies is strongly urged.

Mesmerizers.

A monthly publication is just at hand giving a full-page illustration of the delegates of the Pan-American Medical Congress who visited the University of Pennsylvania on their Western trip. In this picture are supposed to be the faces of the local delegates from this city, who accompanied the visiting delegates on their round of pleasure. We are simply mesmerized, hypnotized and paralyzed as we gaze upon the placid, serene, smiling and altogether charming countenances of our local delegation. We have always believed that the physicians of this city were noted for their ability to impress all who came in contact with them with the strength of their personality. One glance at the clear eyes, smooth heads and earnest expressions of these representative men is sufficient to convince any one that the practice of medicine develops all of those lovely qualities of mind and heart to such a degree that the physiognomy becomes transformed into all that is lovely, charming and beautiful. We are mesmerized, hypnotized and paralyzed as we gaze upon these great works of nature and this great work of art. We cannot inform our readers when this fine engraving will be on exhibition at Veerhoff's!

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The May number of this journal will contain the concluding discussions on typhoid fever and diphtheria.

We Have Had the Grip.

There is no mistake about it. For days we had that terrible pain in the back. Myriads of grip bacilli gathered on the exfoliated epithelial cells lining the central canal of the spinal cord and by means of their flagellæ, floated in the cerebro-spinal fluid up and down the spinal cord. At times we could feel some of the bacilli penetrating into the substance of the cord and be gnawing away at the filaments of the multipolar nerve cells in the anterior cornua. This would send an electric shock down our sciatics that would cause the sharpest convulsive movements of the limbs. We had waves of chilliness creep over us, colder than the Harrison Administration; only to be followed by flashes of heat hotter than the Hawaiian question. We had tic doloreux of the spinal nerves; gout in the shoulder joints, acute articular rheumatism in every muscle of the body, neuralgia of the bones, and angina pectoris of the brain. Convalescence? Well, it is not much better. It gives hyperesthesia of the disposition and asthenia of the ambition.

"Doc."

If it has been your misfortune to be called "doc," and if this recognition has become at all general among your friends you might as well move to some other place. A man may be called a thief, a liar and a dead beat, and yet he may prosper and live upon the fat of the land. But once let him be called "doc" and his professional success is at an end. We would prefer to spend a night in the station house, so far as its effect on our professional success is concerned rather than to have our friends notice our approach by saying, "There comes doc." If a man calls you "doc" you need never expect a penny from him for any professional services you could render. His answer is sure to be, "All right,

doc, in a few days that will be all right." "Doc" means disaster. "Doc" is the culmination of all calamity. "Doc" is a catastrophe given at one stroke. "Doc" is the warning that we have reached the extreme limit of our usefulness. "Doc" is the hand which points us to the next town. Shun it, my young friend, as you would flee from a Kansas cyclone or a prairie-fire. Knock the man down who first dares speak it to you; and call upon the whole medical profession for vindication of your righteous deed.

Abbreviations. The St. Louis *Medical and Surgical Journal*, in its last number, quotes from the "Jour. Am. Med. Ass." Probably the editor was around when said animal "opened his mouth and spake." The next time it would be best to save space and simply write J. A. M. Ass. We once received a postal from a patient who wrote: "Been very s. Had the d 4 t;" which, translated, meant he had "been very sick. Had the doctor four times." We found the room for a meeting of our old State association not long since by cards generously posted through the building, stating, "This way to the Michigan Ass."

English as She is Spoke. Quite an excitement was created a few days ago in the House of Representatives by one member alluding to an opponent as a man who had more beer in him than ideas. Of course, the dignity of the House required that the speaker take his seat and by a vote he was required so to do; thus barely escaping a more public censure. Imagine the surprise of this speaker when he took up the morning paper of the day following to notice the above. Immediately after the House was called to order he arose to a question of personal privilege and said that he was astonished at what he had read and now could understand why he was required to take his seat on the day previous, although at the time it was quite a mystery to him. He declared that what he did say was that his opponent "had more beard on him than ideas in him." The difference between "beer" and "beard" was sufficient to make the whole incident end in an uproar of laughter. All such occurrences come to our minds whenever we take up a book and find a page devoted to "errata."

Cure for Headache. An exchange tells us that the simultaneous application of hot water to the feet and back of the neck will cure almost any headache. We have read now and then in the daily press of applications of hot water made in this way by an enraged wife or husband, but we never knew of its therapeutical properties before. Probably the better way would be to pour the hot water down the back of the neck until it reached the feet.

Nuclein Therapy. We supposed these to be the days of "animal extracts." But we fear they may be passing by, for we are now confronted with "the nuclein therapy." If the animal extracts are so immensely valuable why not adopt the suggestion advanced by a speaker at the Arlington banquet and put the whole human body in the mill and get a "complete concentrated extract"!

Medulline. This new animal extract is prepared, according to a recent writer, as follows: The marrow of bone is macerated in a solution composed of equal parts of absolute alchohol and a saturated solution of boracic acid. After macerating for ten days the solution is vigorously

boiled to one-half its bulk. After macerating, boiling and standing for three or four days it is then ready for use. The writer does not venture to tell us what resemblance there can be to the original substance after all these processes have done their work. But we are told it is "an extract of wonderful power." As the bone-marrow is the source of the red blood corpuscles, so the hypodermic use of this macerated, boiled and distilled bone-producing substance will quickly impart new life and vigor to the system! If our imagination is equal to the occasion we may try to present some still more wonderful remedies to our readers one of these days!

The Washington Humane Society. This society has recently decided to include vivisection in its future work. It resolves among other things that vivisection "involves greater brutalities than most of those subjects coming within the province of the Humane Society." We suppose now we shall be treated to the wildest kind of articles on the outrageous cruelties inflicted upon various forms of animal life, including cats, dogs, rabbits, rats, snakes and the low forms of animal life found in stagnant water. We hereby caution the city authorities that they must not allow any stagnant water to evaporate for fear that by so doing they may cause a slow torturing death to the various animalculæ which enjoy themselves in the wildest kind of sport in all such media. It matters not how many members of the families represented by the Humane Society may die of tuberculosis, still, for the sake of a few miserable brutes we must not make any experiments with the view of preventing the above disease. In fact, we suppose that the members of this society would rather see their own children die from diphtheria than that their pet theories on vivisection should be in the least disturbed. Be this as it may, we wish simply to inform said society that the reason why we are on the eve of preventing such terrible diseases as consumption, typhoid fever, diphtheria, etc., is largely because vast numbers of experiments have been made upon the lower animals. If these anti-vivisectionists could have had their way the medical profession would not occupy the advanced position it does to-day, and we would still be groping in the dark concerning all such diseases mentioned above, as well as many others. If it is harder to see a cat die than a child, and if the sufferings of the former are to be dreaded far more than the latter, then all hail to the anti-vivisectionists. But if the human race is of more value than the brutes, then let every one who so believes frown down all movements like the one contemplated by said society.

The Signing of Petitions. It has often been said that it is possible to get a long list of signers to any kind of a petition and that many persons would sign a paper for their own execution. All this occurs to us as we are asked to sign a petition to have a street paved in one of the extreme and least frequented portions of this city. On general principles we would like to see said street paved as well as every other street in the city. But when we are asked to sign a petition for the reason that it will be much more convenient for us to visit our patients on a street well paved, and when the argument is put forth that the delay caused by driving on an unpaved street might be sufficient to produce the death of the patient, we think it is going a trifle too far. One physician was urged to sign this petition, the petitioner stating that he knew said physician had a patient on that street two years before! We

were also informed that the work of procuring this petition was because of the pure love of the petitioner for the physicians. This is philanthropy well directed and we suppose we should be very thankful for it. But it is still impossible to get the idea out of our minds that the paving of said street would not increase the value of real estate in that neighborhood to a marked degree! It would be interesting to know how many patients the signers of said petition had visited in that neighborhood during the past five years.

Miraculous Cures.

If any one undertakes to convince a believer in faith cure that this method will not cure all cases, he has a most difficult task to accomplish. The believer in the faith cure is sure to get out of it in some way even if he has to adopt the method given by the invalid who had sought the benefits of a famous chapel in the hope that he might be cured. He thus gives his experience: "Indeed, sir, I took all the rounds and said all the prayers, but it was no use; not but what it's a grand place. It would astonish you to see all the sticks and crutches hanging up there—left behind by poor cripples who went home cured. It's my opinion, sir, that for rheumatism and the like of that, it's a grand place; but as for the liver, it's not worth a d—n."

The Influence of the Profession.

The reason why we do not get many things which we think so desirable is because we do not ask for them. We believe they are impossible to obtain, so we rest quietly in our poverty. Because we cannot get rid of all the quacks we do not make an attempt to get rid of any of them. Because desirable legislation cannot be obtained we do not make any attempt to better things in that direction in the least. If we would more frequently assert ourselves in unmistakable terms we would then be able to get many more of the things we desire.

Dr. Roosevelt of New York has recently said that we might do more to shape the policy of State, and preserve the health of the people by proper legislation than by any other means of treatment. But because we feared we could not obtain such desirable legislation we remained inactive. "The medical profession can have what legislation it wants."

A Very Busy Man.

In one of the first medical journals, a writer contributes an article on Acute Œdema of the Larynx, with Intubation. In making the report, the physician says that the man was brought to his office suffering greatly in breathing. "I was busy at the time, but as it was an urgent case I assisted him at once." Why it was particularly necessary for this author to notify all the readers of the journal that he was so very busy at this time we cannot understand, unless it was such a rare incident in his career that it made a great impression upon him.

New Hospital in Washington.

It is not generally known that $10,000 was recently given by a resident of this city for the erection of a hospital as a part of the Deaconess Home on North Capitol Street. Such, however, is the case, and the work of erecting and finishing the building will be pushed as rapidly as possible.

To Diagnose Typhoid Fever.

While the early diagnosis of any disease is always desirable, yet its application in typhoid fever is especially interesting, in view of the fact that this disease has been so thoroughly discussed

of late in our Medical Society. In the *Journal of the American Medical Association* of February 24 is an article on the diagnostic value of Ehrlich's diazo-reaction. In commenting upon this test, Dr. J. A. Ouchterlony says that typhoid fever is sometimes very obscure in its beginnings, and any reliable test for an early positive diagnosis will be of great value. He has used the test in a number of cases and was thus enabled to clear up an otherwise obscure diagnosis. He gives the method in a late number of the *Medical and Surgical Reporter* as follows, although a much more complete account can be found in the first journal mentioned:

1. Saturated solution of sulphanilic acid in a solution of 50 c. c. to 1,000 c. c.
2. A ½ per cent solution of sodium nitrite.

A quantity of urine is placed in a test-tube with an equal quantity of a mixture of solution of the sulphanilic acid 40 c. c. and the sodium nitrite 1 c. c., the whole being thoroughly shaken. One cubic centimeter of aqua ammonia is then allowed to flow gradually down the side of the tube forming a colorless zone above the yellow urine, and at the junction of the two a deep, brownish red ring will be seen, if the reaction is present. With normal urine a lighter brownish ring is produced without a shade of red.

The color of the foam of the mixed urine and reagent and the tint they produce when largely diluted with water, are characteristic, being in both cases of a delicate rose-red if the diazo-reaction be present, but if not, brownish yellow.

Typhoid fever, cancer and septicæmia alone give this reaction. It has been found as early as the third day in typhoid fever and persists as long as the fever is present.

Prosperous Medical Colleges.

We are in receipt of a number of announcements of universities and medical colleges, which show an unusually prosperous condition of things. One would expect, these hard times, that the affairs of our colleges would not be in such a prosperous condition, and yet each one of these, judging from the announcement, is prospering as never before in its history. In some of them the number of students is not given, and we are left to guess whether it equals that of the faculty. Knowing as we do something about a few of these institutions, there is a sort of grim humor in reading these announcements. Some of them struggling for bare existence and hardly knowing whether they had better continue or not, and yet sending forth the most glowing announcements of their great prosperity!

Two Cases of Appendicitis.

A very unusual occurrence transpired in New York a few days ago. The son of Mr. Munro, a well known publisher, was operated on for appendicitis. The symptoms of which the son complained before being operated upon convinced the father that the pain from which he had occasionally suffered in the right side was also due to the same cause. Therefore, only three or four days after the operation upon the son, the father submitted to a similar operation. The son recovered, but the father lived only a few hours. We do not believe that any two cases of this disease has ever before occurred in the same family; while it is certainly true that no two were ever operated upon at practically the same time. Such occurrences are altogether out of the line of probabilities and enter the extremest of possibilities.

Tubercu osis in Cattle.

Although the experiments of Koch did not result in giving the anticipated cure for consumption, yet it has given us something which will rank next to that desirable end. It has been proven that if some of Koch's tubercu-

lin be injected beneath the skin of an animal suffering from tuberculosis a high fever will follow; while if the animal be free from the disease no such reaction will occur. In this way it becomes possible to detect the presence of tuberculosis in cattle when nothing short of a post-mortem would reveal that fact. Acting under a law recently passed by the New York Legislature large numbers of cattle have been killed in New York State, as a result of applying this tuberculin test. In not a single instance has a failure been recorded where a post-mortem examination did not verify the diagnosis made by the veterinary surgeon. Recently one of the most valuable animals at the stock farm of the Hon. Levi P. Morton was found to be infected with the disease and was shot. The post-mortem examination showed the lungs and spleen to be covered with tubercles. We can now positively state that it is possible to detect the presence of tuberculosis in cattle by this tuberculin test; and as the State pays for all animals killed there can be no excuse offered why earnest efforts should not be taken in all other States for the passage of a similar law, thus adding much toward eradicating the cause of a most terrible disease.

Substitution Again.

While on a recent visit to New York City, a friend informed us that he went to one of the large drug stores in that city and ordered a bottle of Fellows' Hypophosphites. The clerk insisted upon his taking a preparation which was made by the firm, declaring it was far superior to Fellows' and fifteen cents a bottle cheaper. It was only after stern commands that the purchaser was able to get the desired preparation. But when it was handed him he refused to accept it, stating that he had no confidence in the firm now and would go elsewhere to purchase. Relating this incident to the manager for Mr. Fellows, Mr. Stratton said he would start out himself and see how they would serve him. The same method was pursued as on the day previous and the clerk insisted upon the substitution. When later still, the proprietor of the store was told of this, he said his clerks knew what they were about, and he proposed to sell just such goods as he chose. The only way to handle this question is to have strict laws passed for the punishment of all kinds of substitution.

Back Numbers Free.

Any subscriber to this journal may obtain volumes I. and II. complete by calling for the same at this office. Any person subscribing for volume III. is also entitled to volumes I. and II., provided he calls at this office for them. We have saved about one hundred sets for this purpose, simply for the accommodation of our friends.

The Columbian Stamps

The March number of our journal was some three days late owing to the fact that all of this time was employed in fixing the Columbian stamps to the local issue. We have carefully estimated that something like three square miles of adhesive surface was attached to this issue! We employed the largest size bath brushes to moisten the surface of said stamps, yet notwithstanding all our ingenuity, the task was a long and tedious one!

Can Typhoid Fever be Aborted?

In the March number of this journal we had an editorial under this heading. A number of physicians called our attention to the fact that Dr. Woodbridge told how successful he had been in the treatment of typhoid fever, but he did not give his method; and thereby the

Journal of the American Medical Association was criticised for publishing such an article, and we were served in the same way for copying it. But in the *Journal* for March 10 Dr. Woodbridge concludes his article in which he gives his method, together with a number of illustrative cases. The method of treatment is not quite satisfactory, however, in that there is a want of definiteness and conciseness. But we are promised that in a future paper things will be more clearly and positively stated. The general plan of treatment consists of two prescriptions, as follows:

No. 1.

℞ Podophyllin ---------- gr. i.
Hydrarg. chlor. mitis ---------- ʒ i.
Guaiacol carb ---------- ʒ vi.
Thymol ---------- ʒ v.
Menthol ---------- ʒ i.
Sacch. alb ---------- ʒ ii.
Eucalyptol (as much as possible).

M. In very minute doses every half hour to one hour.

No. 2.

℞ Eucalyptol ---------- ʒ ss.
Spir. rect ---------- ʒ i.
Guaiacol ---------- ʒ ii.
Aquæ dest. q. s. ad ---------- ʒ iv.

Sig. One-half teaspoonful every three or four hours.

We must refer our readers for a more detailed statement to the original article.

LOCAL PERSONALS.

Drs. G. L. Magruder and C. W. Stiles have an illustrated article in the *Medical Record* for March 10, on An Extreme Case of Leucoderma.

Dr. G. Wythe Cook has recently written an article on Marriage as a Prescription for Uterine Diseases.

Dr. H. L. Hayes reports his case of Gestation Lasting 399 Days to the *American Journal of Obstetrics.*

Dr. J. Foster Scott has an article in the same journal on the Treatment of Post-Partum Pelvic Inflammations.

Dr. J. C. McGuire has two articles in recent numbers of the *Virginia Medical Monthly* on the Care of the Skin. The same has been reprinted in pamphlet form.

Dr. Thos. N. Vincent also makes a clinical report to the same journal on Cirrhosis of the Liver Complicated with Delirium Tremens and Hemorrhage.

Drs. C. W. Brown, T. C. Smith and D. B. Street are a committee to approve of plans for the new hospital on North Capitol Street.

The Freedman's Hospital has a new superintendent to succeed Dr. Purvis. The successful candidate is Dr. D. H. Williams of Chicago.

Dr. John S. Billings has been elected an honorary member of the Royal Academy of Medicine of Belgium, and also a member of the International Statistical Institute, which has its headquarters in Rome.

Dr. Stabely, the resident physician at Garfield Hospital, recently catheterized the ureters of a patient of Dr. McArdle. The method was that of Dr. Howard A. Kelley of Baltimore.

Dr. Robert Reyburn will soon begin the publication, in the *Journal of the American Medical Association*, of the original notes of the case of President Garfield. The notes were recorded at the time by Dr. Reyburn.

Dr. William A. Hammond announces that he has sold his sanitarium to a company of American physicians. This time it appears to be a sure sale.

According to a recent circular we are informed that "Dr. Hammond's sanitarium has cleared over $45,000 yearly since its inception."

The advertisement of the Columbia Chemical Company is no longer seen in our advertising pages, as the yearly contract had expired. Although requested to quote our rates for another year we declined so to do.

Dr. I. S. Stone has an illustrated article in the March number of the *International Medical Magazine*, entitled A Case of Hydronephrosis.

Dr. Lovejoy does not speak unless he has an authority behind him, either his own personal experience or the statement of some well-known writer. It was a neat reply he made to his adversary, when the latter made certain statements as coming from Dr. Welch of Baltimore. Dr. Lovejoy simply quoted from an article by Dr. Welch which had not been from the press two weeks and which completely refuted his opponent's statements.

A committee consisting of Drs. Stowell, Bryan and Balloch has been appointed by the Medical Society to consider what measures should be taken to prevent the ravages of tuberculosis. The whole subject of the contagiousness and prevention of consumption will be reported upon.

The local profession has lately had the opportunity of subscribing to a work on Medical Jurisprudence and Toxicology, one of the authors of which is Dr. Irving C. Rosse.

Dr. I. S. Stone has two articles in the March *Virgsnia Medical Monthly* on a Series of Twenty-five Abdominal Sections, and The Importance of Early Diagnosis of Cancer of the Uterus.

A committee of the Medical Society has been appointed to consider the whole subject of the prevention of typhoid fever in this city. It will take into consideration the questions brought out by a paper recently given before the Sanitary League by Dr. Smart of the Army. The report of the committee will be awaited with much interest.

With but very few exceptions, all discussions on papers read before the Medical Society of this city have been given in full in this journal, the same being copied directly from the secretary's minutes.

In the discussion of Dr. C. G. Stone's paper on typhoid fever, the remarks by Drs. Adams, Johnson and Morgan are somewhat abbreviated as given in this number. This is because these remarks were given in full in the March number of our New York journal, *Food*, the publishers of which generously sent a copy to each member of the Society. Dr. Stone's paper also appears in that number.

Fill Your Own Prescriptions.

A writer puts the case thus strongly in the *Medical Summary*: 1. I know what it contains. 2. I know how much of any and all drugs it contains. 3. I know that it contains what is called for. 4. I know that it is compounded carefully and properly. Who will do my work more carefully than I myself? Who is so interested in my success as I myself? 5. I know that it is filled and delivered at the right time. 6. I know that when it is all gone the patient will call on me and have it refilled if he needs more. 7. I deal the patent-medicine fraud a powerful blow.

The April Forum.

This number contains a most interesting article by Dr. George F. Shrady of New York. Dr. Shrady writes on "American Achievements in Surgery," in which he shows that to American surgeons, more than to those of any other nationality, is due the credit of the great and almost marvelous advancement in this modern science. We trust a large number of our readers will take advantage of this opportunity to read a most patriotic as well as highly instructive article.

The Popular Science Monthly for April.

This number contains many articles interesting to physicians. Andrew D. White contributes another chapter in the Warfare of Science series, dealing with theological teachings regarding the animals and man. The question is discussed of the number of Noah's animals; a subject which Dr. White says "presents difficulties which are as nothing compared to the question of the distribution of animals." Herbert Spencer gives a tribute to the late Professor Tyndall in which he speaks at length of "scientific imagination."

THE PROGRESS OF MEDICINE.

The Contagious Disease Hospital.

At the request of some of our readers, we asked Dr. Busey to furnish us with a copy of his letter to the Commisioners on the Location of the Contagious Disease Hospital. The following is the letter in full:

"Preliminary to the selection of a site, adoption of plans and construction of the buildings, the Commissioners should determine the forms of diseases to be admitted. Presumably the three most prevalent and dangerous forms—diphtheria, scarlet fever and measles—would be named. Typhoid fever and venereal diseases can be as well and perhaps better cared for in other hospitals. Mumps, chickenpox and whooping cough are so rarely serious and are comparatively so free from danger as to not need hospital accommodations. Cholera, typhus and relapsing fevers are such infrequent visitors to this locality, the latter never having invaded this city, and the cholera not since 1832, it would seem entirely unnecessary to consider them in connection with this hospital. Smallpox is provided for.

"The diseases usually classed as contagious diseases, with the exception of smallpox, are far more prevalent among children under ten years of age. Therefore it must follow that all institutions established for the care and maintenance or for hospital management and treatment of children under ten years of age, to which the immune and susceptible are alike admitted, must always be liable to invasion when such diseases are prevalent in surrounding or adjacent communities. Such institutions are not, however, more often or necessarily the original focus for dissemination than a focus invaded by dissemination from other foci in adjacence, proximity or by conveyance, either direct by personal intercourse or indirect by infection of the atmosphere. In fact, every private residence in every town and city in which are domiciled one or more susceptible persons, especially children under ten years of age, becomes during the prevalence of these maladies a focus inviting invasion, and when invaded a focus disseminating the contagion.

"It is also well established that places, buildings and institutions where numbers of well but susceptible children daily or weekly congregate, coming as they usually do from localities and many private residences of the same city, may constitute foci for the dissemination of contagious diseases of far greater frequency and wider prevalence than the hospitals, where only the victims are admitted and detained in quarantine unti all danger of infection has passed. In fact, all schools, public, private and parochial; picnics, garden parties, social entertainments, amusements of all kinds and funerals of those dead of the disease, where well, but susceptible, children may assemble may constitute foci for the dissemination of any of the diseases known as contagious and infectious, when the disease is present in the locality, district or houses from which the children may come. In any such assemblage more children may be infected and wider spread epidemics may find their beginning than could be traced to a properly constructed and managed hospital filled to its utmost capacity and located in close proximity to the most densely populated parts of any city. It is not improbable that the conveyance of the victims through the streets of a city to a hospital remotely located from the mass of population would be even more dangerous (certainly to the patients) to the community than the hospital could be, even though located in the very midst of the most thickly populated part of the city.

"Epidemics of contagious diseases vary in prevalence, intensity and mortality. During such epidemics many susceptible persons escape. Those escaping may reside in the same block, on the same square, on opposite sides of the same street, in adjoining and even in the same house with the victim. Such epidemics are far less prevalent in this than in other cities because of the greater width of the streets and avenues, numerous parks and unoccupid spaces, consequent

freer ventilation, dilution and diffusion of the poison.

"All hospitals for the treatment of sick children are liable to invasions of contagious diseases, when such diseases are prevailing in the community contiguous thereto, and in many of such hospitals wards are provided for the isolation of such cases. In some these wards are in the hospital building, but most frequently they are outside of the hospital building in the inclosure in near proximity to the other buildings and under the hospital management. As yet it has not been shown that such arrangement for the care and treatment of contagious diseases has proved detrimental to the health of susceptible persons in adjacent and contiguous parts of the city, nor has it been claimed that such institutions have become foci for the dissemination of such diseases. In fact, the explosions of contagious diseases in hospitals for sick children have usually been traced to the admission of visitors from infected houses and districts.

"The fact has been established by the investigations of the highest German and English authorities that hospitals for diphtheria, scarlet fever and measles located 300 feet from inhabited houses are absolutely safe.

"It may be asserted without fear of contradiction that not one case of either of these diseases has been traced to a properly constructed and managed hospital for contagious diseases located 300 feet distant. In many cities in this country and abroad they are located much nearer.

"The foregoing is a simple statement of the conditions, circumstances and facts relating to the selection of a site for the hospital, and lead to the conclusion that it might be located upon any unoccupied square or reservation within the limits of the city without detriment to the health of the surrounding population or injury to commercial interests beyond that pertaining to every eleemosynary institution and hospital.

"A hospital for contagious diseases, separate and distinct in its management, will prove to be an expensive establishment, because of the necessity of continuous complete equipment for every emergency. The occurrence, prevalence and succession of epidemics or sporadic cases cannot be predetermined. Past experience would point to the conclusion that for the greater part of each year in the near future there would not be any patients. The hospital must be kept in readiness for patients; patients cannot be made for the hospital; convenience, economy of administration and equipment as well as humanity would, therefore, locate the establishment in safe proximity to some well conducted and equipped hospital and place its management under the direction and control of the same, so that the current expenses when idle would be reduced to the minimum, and as the necessities increase all stores, hospital supplies, nurses and medical care could be obtained from the institution in control."

Treatment of Typhoid Fever.

At the meeting of the Medical Society of this city for January 17, Dr. C. G. Stone of Brightwood read a paper on the treatment of typhoid fever. In the last four years Dr. Stone has treated 88 cases of typhoid fever, 27 of which were during the year 1893. In every one of the 88 cases he was able to trace the cause to the drinking water. With two exceptions it has been well water, and in both of these the water was obtained from springs supposed to be extra pure and wholesome. Dr. Stone described the three stages of the disease, carefully giving the symptoms of each stage.

The author claims that if he is called in the early part of the first or prodromal stage he can abort twenty-five per cent of the cases. For an adult he orders at once the following prescriptions:

℞ Hydrarg. Chl. mite, Quiniæ Sulph. } aa gr. X.
M. et fiat capsules No. ii.
S. Both should be taken at once and followed in four hours by a bottle of the solution of the citrate of magnesia. After this has moved the bowels freely, I put them upon the following emulsion:
℞ Mucil. Acaciæ, Syr. Zingeberis } aa oz. ii
Spts. Terebinthinæ, Tr. Opii Deod. } aa drachm ii
Tr. Aconitiæ drachm ss.
Sig:—Dessertspoonful every two to four hours. This emulsion should be given a des

sertspoonful every two or four hours until the bowels are quieted from the effect of the purgative. Then the opium and aconite should be withdrawn and the turpentine continued every four hours, with a diet of milk, beef tea, or mutton broths for a period of three or four days. This will frequently abort the disease."

If at the expiration of three or four days he finds his patient is not relieved of his headache and other symptoms, he then pronounces the case one of unaborted typhoid fever, and makes the following addition to the treatment :

"℞ Quiniæ Sulph. } aa drachm ss.
Phenacetin }
M. et fiat capsules No. xii.

S. One every four hours between doses of turpentine emulsion ; turpentine stupes over the bowels and the immediate institution of the irrigation treatment of the lower bowels, with medicated waters. The irrigation of the bowels is a part of the treatment upon which I wish to lay great stress, since I believe it to be one of the most important parts, if not the most important."

If there is marked tympanitis, a condition which rarely occurs in the doctor's practice owing, he thinks, to the early administration of the turpentine emulsion, he adds turpentine to the tepid water. Should there be a very high temperature which the quinine or phenacetin fails to control he uses ice-cold water with twenty drops of carbolic acid to the quart. If this cold water be used the physician should watch his patient very carefully, and should instruct the nurse if the irrigation is to be used in his absence. The temperature should be taken frequently, the pulse watched and the water should not be allowed to be retained longer than to reduce the temperature to 99 degrees.

If there is a catarrhal condition of the colon he adds boracic acid alternated with the turpentine. In case of hemorrhage he uses ice-cold water, one quart with dessertspoonful of tannic acid. This the patient is encouraged to hold as long as possible. At the same time he gives acetate of lead and opium by the mouth and applies ice bags over the abdomen.

He has never used the cold plunge bath, never having found it necessary to inflict such violence upon a weak and debilitated patient. Simply to refresh the patient and to promote cleanliness he uses a sponge bath, either of tepid water and vinegar equal parts ; or moderately cold water and whisky equal parts, in great debility.

During the past year Dr. Stone has treated twenty-seven cases without a death. He watches his patients carefully during convalescence, giving them a tonic and continuing the turpentine emulsion once a day. The author claims his success in the treatment of this disease is due largely to the early administration of the turpentine emulsion and to the employment of intestinal irrigation. The full paper by Dr. Stone is given in the March number of *Food*.

DISCUSSION BY DR. P. S. ROY.

Dr. Roy thought it was impossible to state that any case had been aborted unless the essayist was able to make a positive diagnosis. He did not think that a diagnosis could be made in the prodromal stage from the meager statements mentioned by the essayist. On the other hand he was inclined to believe that such cases were the effect of hasty diagnosis. Flint and other writers state that typhoid fever may last from ten days to six weeks, and he had seen a number of such cases. He did not think that Dr. Stone had given sufficient reason for stating that his cases had been aborted.

DISCUSSION BY DR. S. S. ADAMS.

Dr. Adams said he could not understand how a large number of cases of typhoid fever can be aborted as Dr. Stone had described. If the disease is due to a germ which gains admittance into the alimentary tract, and that a poison is developed known as the toxines or ptomaines, then he did not see how it was any more possible to abort a case of typhoid fever than it was possible to abort any other infectious disease, such as scarlet fever, measles, diphtheria and smallpox. Dr. Adams does not indorse the giving of quinine and phenacetin. The former does no good and it might irritate an already irritated brain. So far as the phenacetin is concerned the best rule is not to give anything which will depress the nervous system. Dr. Adams said he had about abandoned the use of drugs in the treatment of the second stage of typhoid

fever in uncomplicated cases. He had regarded the turpentine treatment as a thing of the past. He did not think it possible for an individual suffering from typhoid fever to retain one quart of ice-water long enough to produce any beneficial effects. Dr. Adams closed his remarks by showing his faith in the Brand method of treatment.

Sir Andrew Clark—A Reminiscence.

Miss Frances E. Willard writes the following interesting account of her visit to Sir Andrew Clark.

Although it is true that the article closes with a reference to a well-known preparation, yet the merits of the preparation itself warrant such a notice. Besides this the article is a most interesting one in that it gives the best description we have seen of this great physician; his methods; and his directions for general treatment:

"This chief among the great physicians of London has just passed away in the sixty-seventh year of his age. He was Tennyson's physician and Gladstone's; indeed, so great was his fame, that when, two weeks ago, he was stricken with paralysis, seven hundred messages of inquiry came to his family in a few hours. He was a small, slight man, of what we call the wiry type, and a remarkable illustration of what 'mind cure' can do for a person who is determined to live whether or no. It is said that forty years ago, when he sought admission as a physician in one of the London hospitals, the choice fell upon him in preference to a number of equally eager aspirants, on the basis that he was a 'delicate little fellow and would not live long anyway.' He was condemned to death in his youth by the verdict of physicians, but eluded the same by a novel process: he flung himself into the hardest kind of work, paying no attention to his fears and concentrated his forces altogether on his hopes.

"When I went to see him, he extended a hand white as a lady's and soft as velvet, and in a voice that matched the hand, went into a most careful diagnosis of my case; beginning with heredity and ending with the last morsel I had tasted that morning. He followed me through every lane of life, ancestral and individual; carefully examined my lungs and heart, saying (I think this was part of his mind-cure process), 'beautiful lungs, beautiful heart, no organic difficulty, over-work, nervous exhaustion. What you need is rest, pure air, cheerful companions, simple diet, and no end of outdoors.'

"His manner was most reassuring and had in it a tender considerateness hardly to be expressed. When he asked to take the pulse or see the tongue, he prefaced the request with the words, 'My dear patient.' It was apparent that not only great skill and high character, but a most fortunate manner were the essentials of his success. He prescribed no medicine whatever, saying that he thought very little of it, and that old Mother Nature was the only true physician, and gave me some simple rules which seem to me so good, that I have had them copied for the benefit of any who may care to profit by the wisdom of a man both great and good, and a physician of unrivaled fame.

"At my request he wrote down three aphorisms he had used during our interview; 'Labor is the life of life;' 'Ease is the way to disease;' 'The highest life of an organ lies in the fullest discharge of its functions.' Here follow what he called his temporary general instructions:

"'On first waking in the morning sip about half a pint of water, cold or hot; on rising take a tepid sponge-bath followed by a brisk general toweling. Clothe warmly and loosely. Avoid chilled, damp and passive exposure to cold. Take three simple nourishing meals daily, and nothing between them. Breakfast at 8 to 9, plain or whole meal bread, or toast and butter with eggs, or fresh fish, or cold chicken, or game or tongue, fresh, not preserved, and toward the close of meal about half a pint of tea not infused over five minutes, or of cocoatina, or of coffee and milk.

"'Dinner from 1 to 2 o'clock, fresh, well-dressed meat, bread, potatoes, some well-boiled green vegetables, if it agrees, and either some simple farinaceous pudding, or some simply cooked fruit. Toward the close of the meal drink water.

"'High tea five to six hours after dinner, whole-meal bread, or toast and butter, with broiled fish or cutlets, or a chop, or cold meat, or cold chicken, and toward the close of meal about half a pint of black China tea, not infused over five minutes; cocoatina or cocoanibs may be substituted for tea if it is preferred, and if it agrees.

"'Nothing after this meal except that on going to bed you may sip a tumblerful of water, hot or cold.

"'Avoid soups, sauces, pickles, spices, salted, smoked, or otherwise preserved foods; pies, pastry, cheese, creams, ices, jams, dried fruits, nuts, raw vegetables, compotes, confectionery, malt liquors, cider, ginger beer, much liquid of any sort, and all sweet, sour and effervescent drinks.

"'Walk at least half an hour twice daily.

"'Retire as soon as possible after ten. See that your room is airy. Avoid self-notice and self-distrust. Shun ease and lead a full and regular, and an occupied life.

"'Whenever you have to speak at night, be sure to lie down for an hour before tea.

"'Take nothing between meals.

"'Never take a sleeping draught.

"'Take as little medicine as possible; accept your sufferings; strength is perfected in weakness; in labor you will find life. If you are terribly run down some time, go away for a fortnight's rest, and with each meal take a teaspoonful of Fellows' Syrup of Hypophosphites.'"

BOOK REVIEWS.

An American Text-Book of the Diseases of Children. Including Special Chapters on Essential Surgical Subjects; Diseases of the Eye, Ear, Nose and Throat; Diseases of the Skin; on the Diet, Hygiene, and General Management of Children. By American Teachers. Edited by Louis Starr, M. D., Physician to the Children's Hospital and Consulting Pediatrist to the Maternity Hospital, Philadelphia; late Clinical Professor of Diseases of Children in the Hospital of the Univ. of Pa. Assisted by Thompson S. Westcott, M. D., Attending Physician to the Dispensary for Diseases of Children, Hospital of the Univ. of Pa. Philadelphia: W. B. Saunders, 925 Walnut St. 1894. Sold by Subscription only. Cloth, $7.00; Leather, $8.00; one-half Russia, $9.00.

Knowing that a member of the local profession of this city—Dr. S. S. Adams—was to contribute to this text-book, we have been awaiting its coming with much interest. Dr. Adams furnishes a chapter on Inflammation of the Colon and Rectum (Dysentery); and on Post-Natal Atelectasis. The work is illustrated with 28 plates, many of which are colored, and also a number of other illustrations. In all there are 63 contributors, selected from the various medical schools of this country. Thus selected from such a wide territory, and yet all from our own land, the authors have stamped the work with a National imprint. It has been the object of the editors to have the whole range of diseases of children embraced in one readily handled volume, and yet not allow any subject to be omitted. This has been accomplished and, as a result, we have a treatise which is devoid of much theoretical matter and appeals at once to the reader as a working volume. The student will find here a work which will enable him to obtain such information as he desires in a condensed, yet complete form. The active practitioner will find it a volume which he can pick up at odd moments and find in it the opinion of an author set in clear style and in few words. The work is sold only by subscription, therefore we presume all of our readers will have an oppportunity for inspecting the work for themselves. As we have often stated in these columns, so we again say, that no matter how busy the physician may be he can always afford to give time to the man who has medical books for sale.

A Practical Treatise on Medical Diagnosis, for Students and Physicians. By John H. Musser, M. D., Assistant Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia; President of the Pathological Society of Philadelphia, etc., etc. Octavo, 873 pages, 162 engravings and two colored plates. Cloth, $5.00; leather, $6.00. Philadelphia: Lea Brothers & Co., 1894.

A work of this kind cannot fail of a most favorable reception. The subject is one which comes close toward supplying the needs of the everyday practitioner. Granted that the author is thoroughly prepared for his work, and any book which aids the practitioner in

deciding puzzling questions which are likely to arise at any moment, is sure to meet with a most generous reception. The author of this practical treatise has had abundant opportunity, both as a teacher and physician, to prepare himself thoroughly for his task, and an examination of his labors shows that he has prepared his work in a most thorough manner. Diagnosis can scarcely take a second place in importance to treatment, so often does the successful management of a disease depend upon its prompt discrimination. The recent advances in the study of bacteriology have given a positiveness to this part of medical science which it never had before. This is brought out clearly in a number of places in the text. But this is not a work devoted especially to bacteriological diagnosis; it includes the science and symptoms of disease, together with the physical, chemical and biological changes in the tissues and secretions. The medical student will find it a great aid to him in his hospital and laboratory work; while the practitioner will find in it the solution of many a hard problem. This work is now on sale at Lowdermilk & Co. of this city.

The Year-Book of Treatment for 1894. A critical review for practitioners of medicine and surgery. Philadelphia: Lea Brothers & Co., 1894. Price, $1.50.

This is the tenth time that the "Year-Book of Treatment" has made its appearance, and with each volume there has been added chapter after chapter until at the present time we have a most complete review of the whole subject of the treatment of disease. The field is divided among about thirty contributors, to each one of whom is given a particular department to review. We have here, therefore, a critical review of the advances made during 1893 in the treatment of disease. In this year's book two new articles have been added on the Medical Diseases of Children and Bacteriology. The book is now for sale at Lowdermilk & Co., of this city.

The Book of the Fair. The Bancroft Co., Auditorium Building, Chicago. In 24 parts. Price, $1.00 a part.

Parts 7 and 8 of this elegant work are at hand. Part 7 contains a great deal relating to educational exhibits. Among foreign powers Germany has the largest of these exhibits. England's exhibit in this department contains much less of interest, less even than those of her dependencies of Canada and New South Wales. It may be interesting to note in this connection that England was among the last of the great powers to accept, as a nation, the responsibility of providing methods and means for public education. The illustrations for the educational exhibits are very fine, and there are a number occupying a full page.

In this volume is the beginning of chapter 11, which is devoted to a description of the Woman's Department. There are figures of some of the more prominent women in connection with the woman's movement and many illustrations exhibiting work done at their hands.

Part 8 opens with a continuation of the Woman's Department, giving descriptions of the Woman's Building and many illustrations of interior views of the same. In this number the Children's Building is fully described and illustrated. As with the entire display of woman's industry and art, so with this children's home, we have a feature of the Exposition of general as well as of special interest. There are a number of full-page illustrations of exhibits by the lady managers, of rare articles. This number also contains the beginning of chapter 12, which is devoted to a description of Machinery Hall. The illustrations here are also beyond criticism.

Transactions of the American Pediatric Society. Volume 5, 1893.

We are indebted to Dr. S. S. Adams of this city for a copy of these proceedings. Dr. Adams's ability as a secretary is not confined to the Medical Society of his own city, but he is chosen to fill this position in other bodies as often as he will accept the same. He has been the secretary of the Pediatric Society for a number of years. This volume consists of 225 pages and besides containing the proceedings of the society there are 28 original articles. Among the members there are three from this city, Drs. Acker, Adams and Busey. Dr. Adams has an article in this volume on Erysipelas of the Face and Scalp in an infant six weeks of age; recovery.

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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

"Human Devils."

Under this most attractive title the Washington Humane Society has recently published a pamphlet. The "human devils" are those who are engaged in the horrible practice of experimenting on animals! Among the frightful things which we are told that the doctors perform is one in which "the spinal marrow was burned through with red-hot wires." The editor of this journal has not had his spinal marrow burned through, but he has had the red-hot wire applied to the spine until the scars remain to the present day, and he is under everlasting gratitude to the surgeon who did it, as it probably saved his life. If this had been performed on a dog, it would have been "horrible." But this same circular says that "fifty-one dogs had portions of the brain hemisphere washed out of the head, which had been pierced in several places." And yet in a journal received this very day we read how a surgeon made an opening through the skull of a young child, thrust an instrument two inches into the brain substance, and succeeded in evacuating a considerable quantity of pus, the final result being a complete recovery where nothing but certain death awaited the patient under other circumstances. The question for the Washington Humane Society to decide is whether this child was as valuable as fifty-one dogs! Then again we read of an experiment on a dog where "a portion of one kidney was removed, which operation must necessarily be of an exceedingly painful nature. At intervals, varying from a fortnight to six weeks, the entire other kidney was also removed, thus leaving the animal with only a portion of kidney." Do the members of the Humane Society know that in their own city the surgeons have removed diseased kidneys and have thus saved valuable lives? And do they know that these surgeons would never have dared to have performed these operations unless they had first been made upon some of the lower animals? But possibly again a few dogs are of more value than a human life! In speaking of Koch's tuberculin the Society says it has already offered up its holocaust of animal victims and has been recorded as a failure. A more stupendous falsehood was never uttered. The value of tuberculin cannot possibly be estimated in dollars and cents. It has saved thousands of lives already and promises to save untold millions. The Humane Society evidently knows nothing whatever about the wonderful application of tuberculin in detecting the presence of tuberculosis in cattle. The results already obtained from it are sufficient to forever quiet every anti-vivisectionist in the world. As the members of the Wash-

ington Humane Society love their families and their fellow-men so should they hang their heads in shame that they ever uttered a word against the wonderful discoveries due to experimenting on the lower animals.

One-Half Page of Extracts.

The readers of the morning *Post* of this city have been treated to a half-page discourse on the animal extracts and their wonderful power to cure all kinds of diseases. Although we are told that the animal extracts are not "cure-alls," yet a single dose of cerebrine "frequently acts as a complete restorative of the nervous system." Cardine acts "with great certainty in anæmia in increasing the quality of the red blood corpuscles." From this we are to learn that if any one is suffering from the embarrassment of not having a sufficiently high-toned blood it is only necessary to invest in cardine, as thereby the quality of the blood is greatly increased. When it comes to the discourse on "ovarine" we are simply overwhelmed with the wonderful results which might come from its use. We are told that "many of the cases of ovarian diseases which are now only curable by oöphorectomy will be found to be amenable to its influence." This will be sad news to the laparotomist, as this important branch of his work is likely to be taken from him. But we are told further that this same ovarine "is of especial benefit in the cases of those women in whom the ovaries have been removed." Thus we learn that this remedy will not only make the removal of the ovaries unnecessary, but if these bodies have been removed it will also cure the patient of all the mental and physical derangements following such an operation.

It is already anticipated that additional preparations will be necessary for the Census Bureau because of the large increase in the population due to the wonderful properties of this drug for the cure of sterility. The discourse on "testine" is something which surpasses the wildest imagination. We cannot understand how a paper of the standard of the *Post* can even print such matter. But this is the best drawing card, according to one of our local druggists, who tells us he has sold one bottle of cardine and *seventeen* of testine, not one of which was on a physician's prescription!

Bargain Day.

It will soon be "bargain day" for the chronic invalid. If things go on much longer in this way, doctors will be setting apart bargain days, during which prescriptions will be given at twenty-five cents on the dollar. What a grand rush there will be of all the old chronic grumblers! Druggists are often accused of cutting prices, but if things keep up at the rate they are going, we fear the medical profession will get this most undesirable reputation also. Ere long we may expect to have a sort of doctors' market day. The doctors will all gather in some central building and will be duly labeled, as making examinations and prescribing for sums ranging from one dollar to ten cents. As the patients enter the room they can choose their physician according to the amount of money they wish to invest. We give the warning to our readers that bargain days are close at hand. It behooves us all to get ready for the grand rush.

Reading Notices.

We never have taken a contract for advertising where the advertiser insisted that the insertion of "reading notices" should enter into the question. If any such notices have ever appeared in our columns it has been done with our own free will and without the discharge of any obligation. However, we are

an advocate of the reading notice if it is in proper form. The medical journal is supposed to be published for the benefit of its readers, while, incidentally of course, it is supposed the publisher will receive profit also. Now, we would ask, how can the readers of a journal be made aware of the efficacy of a drug simply from reading the usual notice found in the advertising pages? Because we take an advertisement of some preparation of the hypophosphites, must we therefore keep from referring to the use of these drugs in our columns? On the other hand, would we not be doing our reader a favor by telling of the good results from the employment of these remedies? Many of the reading notices are valuable in that they give to the profession new uses of drugs. We see nothing against them.

Death of Dr. C. L. Ford.

Dr. Corydon L. Ford of the University of Michigan died on the morning of April 14 at his home in Ann Arbor. On the 12th, two days previous to his death, he completed his fortieth year as professor of anatomy in that university. Fifty-two years had passed since his first appointment as a demonstrator of anatomy. During his life he had given 109 complete courses of lectures on anatomy, while for many years he occupied the chair of physiology, as well. There must be many thousands of his students living to-day who are ready to declare with us that their attachment to the study of medicine was increased a hundredfold after listening to his forcible and fascinating lectures. He had a most unique method of presenting his subject, which no other teacher has even attempted to imitate. Over twenty years ago we first became attached to our teacher, and for a period of nearly fifteen years we were closely associated with him. Although many of his pupils are greatly indebted to him for their close knowledge of anatomy, yet probably not one owes so much of his professional success to this brilliant teacher as does the writer. His wise counsel and friendly interest, extending over so many years, were both an inspiration and a guide.

Dr. Atkinson of Staunton, Va., reports a case of biliary calculi entirely relieved by the use of olive oil. The patient passed altogether sixty-four calculi, varying in size from a green garden pea to a large mustard seed.

"Mr. Hart's subsequent article in our leading magazine, *The Forum*, on the kindred subject of the etiquette of the professions, 'law and medicine,' as the best safeguard of the public, *has met with high approval in medical and legal circles.*" —*British Medical Journal.*

A case of poisoning by essence of pennyroyal is reported. Prompt medication prevented what appeared to be an impending fatal result. The amount of the essence taken was three drachms. Taylor's "Medical Jurisprudence" says that pennyroyal has no therapeutic action and is quite harmless.

Bismuth is not given in large enough doses to be of effect in gastric catarrh. In the morning take half a pint of warm water in which has been dissolved a teaspoonful or less of Carlsbad salt. Half an hour later give a heaping teaspoonful of the subnitrate of bismuth. This is given in two parts, the one immediately after the other, in wafer paper.

The Bishop of Durham, of London, is trying to make his people believe that the great amount of drunkenness is due to the adulteration of the drink. He advocates, therefore, the establishment of a large number of places where the patrons may be assured they will get their accustomed drink without adulteration. It occurs to us, however, that in order to make spirituous liquors free from any undesirable effects, so that no brutality may follow their use, it will be necessary to deprive them of all their alcohol.

COMMUNICATION FROM DR. WALTER REED, U. S. A.

The National Medical Review for April, 1894, page 26, contains a short paragraph in which there appears to be conveyed the impression that during a recent discussion of diphtheria before the District of Columbia Medical Society, I made certain statements as coming from Dr. Welch of Baltimore, which could not be sustained. While I should feel very loath to be considered an "adversary" of Dr. Lovejoy, or any other reputable physician of this city, I believe that it is my duty to submit a brief reply to your remarks.

Having carefully read everything that Professor Welch has written on the subject of diphtheria since 1889, besides having the privilege of frequently listening to his lectures, I have not during this time known that he has given utterance to one word that could possibly be construed against the Klebs-Löffler bacillus as the causative factor in diphtheria. I knew that he hailed the discovery of the specific agent of diphtheria as one of the remarkable bacteriological achievements of latter years. My surprise, therefore, can well be imagined when I heard Dr. Lovejoy quote Professor Welch as sustaining any other view with regard to the etiology of genuine diphtheria.

Allow me to direct your attention to the address delivered by Dr. Welch before the Medical and Chirurgical Faculty of Maryland, and which is contained in the volume of the transactions of that society for the year 1891. The title of this address is "The Causation of Diphtheria." After referring to "some of the questions which the most careful study of the clinical history and of the anatomy of diphtheria has not been able to answer clearly and unmistakably," and after stating that "we are now in a position to solve the problem still remaining in doubt," he continues: "All of this gratifying widening and deepening of our knowledge has come from the discovery of the microscopic germ which is the specific cause of diphtheria. . . . Permit me to present to you the evidence that the so-called Klebs-Löffler bacillus is really the specific agent of infection in diphtheria. . . . I shall not weary you by following the historical path in which obstacle after obstacle has been removed which stood in the way of the full recognition of the Löffler bacillus as the infectious agent of diptheria. . . . It is now established that this bacillus is constantly present in large number in the pseudo-membranes of all cases of primary diphtheria, and that no other species of bacteria is constantly to be found in this situation. . . . Now we possess, in the detection of the Klebs-Löffler bacillus, a positive means of diagnosis of diphtheria. By the labors, therefore, of many investigators since Löffler's first publication in 1884, all of the conditions have been fulfilled for diphtheria which are necessary to the most rigid proof of the dependence of an infectious disease upon a given micro-organism, namely, the constant presence of this organism in the lesions of the disease; the isolation of the organism in pure culture; the reproduction of the disease by inoculation of pure cultures, and similar distribution of the organism in the experimental and in the natural disease. We are then justified in calling the Klebs-Löffler bacillus the bacillus diphtheriæ." I need not quote further to prove what Dr. Welch's views were in 1891 as to the causation of genuine diphtheria.

The sentence which Dr. Lovejoy quoted (see Text Book of the Theory and Practice of Medicine, Pepper, Vol. II, p. 24) is as follows: "Most cases of genuine primary diphtheria are caused by the Klebs-Löffler bacillus of diphtheria." I must confess that when I read this sentence my surprise was very great, and I could but believe that either the word "genuine" or the word "diphtheria" had erroneously crept into the sentence. With the object of clearing up this matter I wrote to Professor Welch, and in reply received the following:

Baltimore, April 19, 1894.

Dear Dr. Reed: In the sentence which you quote I intended to write "diphtheritis" instead of "diphthe-

ria," and was surprised when you called my attention to it. By "diphtheritis" I understand the anatomical process, pseudo-membranous, fibrinous inflammation of a mucous membrane without reference to its causation. I send you a reprint of my address on "The causation of diphtheria," where you will find the distinction described. If you will substitute "diphtheritis" for "diphtheria" in the sentence quoted, I think the paragraph expresses my views. Sincerely yours,

WM. H. WELCH.

The address on causation of diphtheria to which Professor Welch refers is the one from which I have already quoted.

Now let us turn to this address and see what distinction Dr. Welch makes as regards the use of the terms "diphtheria" and "diphtheritis." He says: "The term diphtheritis, or diphtheritic inflammation, is used in the anatomical sense to designate a certain kind of pseudo-membranous inflammation of a mucous membrane which may be produced by a variety of causes. The designation of certain other varieties of pseudo-membranous inflammations of mucous membranes as croupous and as pseudo-diphtheritic still further complicates the terminology. It is now generally recognized that it is best to limit the use of the word diphtheria to a definite disease and not to an anatomical process, thus making a distinction in the employment of the terms diphtheria and diptheritis, the former being applied only to the disease due to a specific cause and the latter to an anatomical condition due to a variety of causes, of which the specific cause of diphtheria is only one among many. The adjective derived from diphtheria would be diphtheric and that from diphtheritis diphtheritic. It has for some time been clear that the boundaries of the disease which should be called diphtheria cannot be sharply drawn save on etiological grounds. So long as these grounds were lacking the boundaries were uncertain, vague and fluctuating. We now possess definite criteria for the recognition of the disease, and it seems to me that instead of saying that diphtheria may be caused by a variety of micro-organisms, a statement which is undoubtedly true if we understand by diphtheria *all* pseudo-membranous imflammations of the throat, it conduces to clearness and definiteness to confine the term diphtheria to the disease caused by the Klebs-Löffler bacillus."

Such were Dr. Welch's views in 1891, and such they are to-day; not modified in the least, as he writes me, but strengthened by his later researches. Call them what you will, Mr. Editor, there are two distinct diseases characterized by diphtheritis or membranous formation in the throat: the one caused by streptococci and staphylococci, unattended by serious sequels and having a slight mortality; the other that disease which we all dread so much, by reason of its serious constitutional symptoms, its renal complications, its grave sequels and high rate of mortality. The latter is the disease whose specific etiological factor is the Klebs-Löffler bacillus, and the sooner we admit this, the better it will be for our little patients. Very respectfully,

WALTER REED, *Surgeon, U. S. A.*
Army Medical Museum,
Washington, D. C., April 21, 1894.

The number of women and unborn children doomed to death in China, with its population of 300,000,000, for want of skill possessed by all our physicians is almost impossible to compute. One lady missionary physician in Canton was called to attend 104 cases of obstetrics during 1892. In five of these cases both mother and child were dead before she arrived. Some terrible cases of mutilation are recorded.

In an article on pneumonia, in the *Brooklyn Medical Journal* for January, the author gives his three favorite remedies: aconite, bryonia and iodine. Ten drops of tincture of aconite are placed in a half goblet of water, in another goblet of same quantity of water he puts five grains of iodide of potassium; dose, a teaspoonful alternately every hour. During second stage, five drops of tincture of bryonia are substituted for the aconite and continue to give in alternation with the iodine.

LOCAL PERSONALS.

Dr. W. P. C. Hazen contributes an article to the *Virginia Medical Monthly* on Observations on Puerperal Eclampsia.

Dr. Johnson Eliot contributes an article to the same number on Foreign Bodies in the Upper Air Passages.

Dr. John F. Moran also has an article in the same number on Antagonism of Erysipelas in Disease.

Dr. James D. Morgan contributes an article to the same number on Need of Care in the Diagnosis of Spitting of Blood.

Dr. George Byrd Harrison is the new President of the Medical Association.

Dr. J. Wesley Bovee is one of the incorporators of the proposed company which promises us cheaper and better gas.

Four more women physicians are now added to the membership of the Medical Association.

Dr. O. A. M. McKimmie contributes an article to the April number of *Food* on A Possible Factor in the Causation of Sub-Acute Gastritis.

The same journal contains an article by Dr. S. S. Adams on Practical Aids in the Nursing of Sick Children.

Dr. G. N. Acker contributes an article to the same number on a case of Chorea Followed by Typhoid Fever.

If any of our readers desire to know what the editor of the *Western Medical Reporter* thinks of the Superintendent of the Smithsonian Institute he has only to consult the February number of that journal. Among other things he suggests that an Australian Bushman be imported in order to improve upon the condition of things.

Dr. J. R. Francis only lacked eight votes of being elected a member of the Medical Association of this city, an election which requires a two-third vote. One hundred and twenty-five members were present at the meeting.

A keeper of a restaurant believes in enjoying life as you go along, for he says: "Live While You Are Alive, For You Will Be a Long Time Dead; Doughnuts 2 for a nickel."

The *Popular Health Magazine* of this city has the full address of Surgeon-General Sternberg as given before the Sanitary League. The article is illustrated with six figures of some of the forms of disease germs.

Dr. Robert Reyburn continues the clinical history of the case of President Garfield in each number of the *Journal of the American Medical Association.*

The doctrine of signatures with special reference to Dr. William A. Hammond is discussed in the *New York Medical Journal* for April 14.

At the meeting of the Med. Society for Jan. 10, Dr. W. C. Woodward presented a specimen of cirrhosis of the liver and another specimen of diseased spleen. Dr. A. F. A. King thought that death was frequently due to hemorrhage in case of cirrhosis of the liver. He said it was very interesting to inquire into the frequency of hemorrhages in such cases. He thought it was due to the obliteration of the capillaries of the portal veins, thereby causing engorgement of the venous radicles in the abdominal cavity. If due to the use of alcohol the patient may stop drinking and improve; but if he starts to drinking again he will probably become subject to hemorrhages. The alcohol forces the blood into the liver faster than it can get through and fatal hemorrhage occurs from rupture of the blood vessels.

At the same meeting Dr. G. N. Acker presented a specimen of aneurism of the aorta.

Dr. I. S. Stone also presented a specimen of extra-uterine pregnancy, and a hysterectomy for fibroids. In the February number of this journal we called attention to this first case in detail as the only successful case operated upon in this city for primary rupture.

At the meeting of January 17, Dr. Joseph Taber Johnson presented specimens with histories of six successful hysterectomies by Baier's method.

At the meeting of January 24, Dr. J. T. Kelly presented a specimen of Double Ovarian Abscess and Double Pyo-Salpinx.

THE PROGRESS OF MEDICINE.

"Treatment of Typhoid Fever"—Continuation of the Discussion of Dr. C. G. Stone's Paper.

DISCUSSION BY DR. W. W. JOHNSTON.

Dr. Johnston said the treatment of symptoms is rational and necessary. The danger of high temperature should be recognized and combatted. A temperature of 107 to 109 is fatal to leucocytes. Hence the temperature should be kept within bounds by external antipyretics such as sponging, cold pack or cold bath from 90 to 70. Brand claims only 1 per cent of deaths from his methods; in Australia the same method gave 7 per cent; Wilson treated 40 cases without a death by this method; and another had but three deaths in 100 cases.

The Brand method has its advantages and the only objections to it seem to be the discomfort of the patient and the danger of inducing hemorrhage. It is not universally applicable, however, especially in relapses, in which the high temperature is due to other causes than the toxines. The cold bath has been shown to have no effect upon the development of the toxines as they actually increase in the urine under its use.

The so-called internal antipyretics, except quinine, are to be condemned as being dangerous to the heart's action. In children with cerebral symptoms, small doses of phenacetin or acetanilid may be given to quiet the nervous system. He has given them over and over again without any harmful effects and think they have aided the cold spongings. He believes there will be a reaction from the universal condemnation of antipyretics.

In constipation the bowels should be moved with as little discomfort as possible by an enema or a dose of castor oil. Diarrhœa should be treated by rest and diet. Antiseptics combined with bismuth may be given, but opiates must be condemned. Heart exhaustion should be carefully watched and treated by rest, food and stimulants.

The following conclusions are presented:

1. No one plan of treatment is applicable to all cases; and there are objections to routine practice.

2. Cases require as great variety in treatment as if they were different diseases.

3. The essential factors in treatment are hygiene, rest, diet and good nursing.

4. The abstraction of heat is one if not our principal object in symptomatic treatment, and cold sponging and cold baths are the best means at our disposal.

5. The prevention and cure of the diarrhœa is an essential element in treatment, and rest and a diet adapted to the symptom are almost the sole remedies for this condition.

6. So far no treatment has been found to be specific. Intestinal antisepsis has proved to be of limited success, and irrigation of the lower bowel has been an aid only.

DISCUSSION BY DR. G. L. MAGRUDER.

Dr. Magruder gave an account of the spread of typhoid fever among several families in Montgomery County, Md., through the milk supply. There were six cases in the dairyman's household and seven others who had drunk the milk from this farm. The milk cans were washed with the water from an infected well and the poison was thus conveyed to the consumers of the milk.

In the treatment of his 88 cases Dr. Stone had laid great stress upon certain prescriptions, but his statements are too indefinite. He speaks of his faith in opiates, but he fails to tell us when his drug was stopped If he kept up the opiates during the entire course of the disease he (Dr. Magruder) did not see why his patients were not narcotized all the time. He again says he gives phenacetin and quinine, in two and a half grain doses, but does not tell us how long he continues such drugs. While he admitted that occasional doses of these drugs might prove beneficial he could not indorse the practice as applicable to all cases. By giving the quinine as he did Dr. Stone did not get

its antipyretic effect. The sum of its effect is reached in seven or eight hours after its ingestion, *i. e.*, if it is given in antipyretic doses. If he keeps his patients under opiates and irritates their stomachs by quinine, how could he properly nourish them? He would be very careful in future how he sent patients into Montgomery County, since Dr. Stone reports 88 cases in so short a time. He thought it was very unfortunate that such a large number could fall under one man's care in private practice, and that, too, when his abortal cases were thrown out. Dr. Magruder had not seen 88 cases in 20 years of practice.

Would Dr. Stone inform us how he overcame the diarrhœa? Under quiet, rest and proper feeding a large per cent will get well. He said proper feeding because he agreed with Dr. Johnston that harm frequently arises from overfeeding. Then if the patient is not comfortable he can be made so by appropriate medication.

He could not agree with Dr. Adams that no benefit was to be derived from intestinal antisepsis, for he had seen its good effect in a series of cases which he had treated at the Garfield Hospital. He used iodine and carbolic acid, and in a majority of his cases improvement was marked within twenty-four hours. The tongue moistened and cleaned, the maximum temperature was reduced two degrees, and the diarrhœa subsided. He also used these drugs in other diarrhœal diseases. Constipation is best treated by castor oil. This, when mixed with equal parts of glycerine, is easily taken. In diarrhœal complications salol and bismuth act well but he did not continue the use of the former very long.

DISCUSSION BY DR. J. H. M'CORMICK.

Several gentlemen, namely Drs. Adams, Cook and Magruder, in the discussion of this (Dr. Stone's) paper, have cast aspersive doubts upon the essayist's statement that he had had 88 cases during the past few years; that although they each had private practices and were also attending physicians at our large hospitals, they had not seen so many cases as Dr. Stone in his country practice. Dr. Magruder himself had placed the weapons of defense in Dr. Stone's hands, for he claimed to have had 13 cases in one locality, not far distant, which was *prima facie* evidence of the correctness of Dr. Stone's claim. We must remember that by reasons of the poor sanitary conditions and surface drainage of the soil, this malady was more apt to occur in the country than in the city, where the conditions in question were better. Since Dr. Stone's practice was for the most part in the country, it was further evidence in support of his statement.

While visiting a physician in the country last summer he had an opportunity of observing 37 cases, where the method of Dr. Stone and the Brand method and its modifications were contrasted. The first series, numbering 20 cases, were treated by three physicians by Dr. Stone's quinine, calomel and turpentine method; of that number 19 died and one recovered. Of the second series of 17 cases treated at his suggestion by the Brand method, 16 recovered and one died. He had first seen this method used with marked success two years ago during his attendance at the Johns Hopkins Hospital. Relative to the presence of putrefactive material as an etiological factor in typhoid fever, one case bearing directly upon this point deserves passing notice. A piece of pork lying on the top of a well accidentally fell in, and in course of time became putrescent, and out of a family of five partaking of the well-water four became stricken with typhoid fever and died. They were treated by Dr. Stone's method.

The promiscuous use of the coal-tar products and their derivatives, as well as the new preparations now so fashionable in treatment of this disease, he most heartily condemned. He knew of a number of cases where the patients had died from the use of these preparations, not at the hands of the inexperienced beginner but of eminent physicians. There is not one present to-night who knows anything definitely about the preparations in question, eitner physiologically or therapeutically, except what he is told or has read, by some one interested or prejudiced in its favor, and they are nine-tenths, or the recom-

mendation of some country doctor in some unheard-of, backwoods town, who knows no more about them than if he knew nothing at all. He hoped and desired that some means might be found for the more scientific and definite study of these preparations, and if found meritorious let it be known so that some definite knowledge might be had, and the thousands of worthless trash be thrown aside.

DISCUSSION BY DR. G. WYTHE COOK.

The treatment of typhoid fever was a subject that might well engage our careful consideration at frequent intervals, because the disease might be said to be almost perennial here. He had had the opportunity of seeing a number of cases each year, not so many, however, as Dr. Stone had seen. The more cases he did see, the more he was convinced of the inutility of so-called specific treatment of the disease. The fact that there were so many methods recommended, each having its peculiar advantages according to the proposer of the plan, was good evidence that his conviction was well founded. He said he dissented most emphatically from the active, heroic treatment recommended by some.

Dr. Cook said it is generally admitted that typhoid fever is caused by a bacillus which found entrance into and through the alimentary canal. We had no germicide that will destroy the bacteria, that is, at the same time, innocuous to the host, and we are told by those who are familiar with the behavior of those organisms, that while they produced the toxines which caused typhoid fever, they also produced anti-toxines which were destructive of the toxines. And since we had no remedy that had been demonstrated to be good against the disease, he inquired if it was wise to be giving the patient, already in a precarious condition, large and repeated doses of drugs that experience proved had no influence in shortening the disease, but might harm the patient? He said you might inquire if we were to dispense with all medication? I would answer, in the main, Yes. Especially should we rid our minds of the idea of giving drugs with the expectation that they would have any specific influence on the disease. He said he certainly would not give turpentine and opium with the free hand recommended in the paper. He thought the doctor omitted any reference to what he considered of the first importance in the treatment of typhoid fever, and that was the necessity for the *absolute quietude* of the patient.

He should be put to bed and have as perfect rest of mind and body as possible. He should not be allowed to get up for any purpose whatever: the bed-pan and urinal being used whenever necessary. It was imperative that the diet should be liquid and nutritious. Milk was the best. Meat-broths might be given by way of variety, but they were feebly nutritious and could not be relied upon to the exclusion of milk. As to drugs he would avoid them as much as possible, limiting himself to a few drops of dilute hydrochloric acid well diluted with water, and such others as the immediate condition might demand, and the use of the sponge bath when required. As to the Brand method, his experience was limited to one case in Garfield Hospital in July of 1893. In that case, its beneficial influence was most marked. The temperature was reduced, the pulse slowed and strengthened and a general tranquillity was produced followed by restful sleep. He said he would avoid the high grade antipyretics as being too depressing to be given in an asthenic disease like typhoid fever, and besides he had seen it stated that fewer of the toxines were eliminated by the kidneys when the coal-tar derivatives were given. He summarized the treatment by recommending *rest* in bed with *absolute quietude*, liquid diet, the sponge bath and the use of as few drugs as possible.

DISCUSSION BY DR. JAS. D. MORGAN.

Dr. Morgan said that absolute rest is an important factor in the duration, severity and treatment of the disease. A diet of milk, skimmed or not, as the flatulency, or the condition of the stools of our patient will indicate to us, is the principal sustainer of the life of our patients. He believes that calomel given in the prodrome of the disease has a beneficial effect on its whole course. He also believes it has a salutary effect in shortening the duration

of the disease. He gives little medicine throughout the whole disease, simply watching the fever, the pulse, the abdomen and the stools. For tympanites he gives turpentine in three to five drop doses. The simple diuretics and diaphoretics are often used to advantage in lowering the fever and making our patients more comfortable. Constipation can be relieved by enemas, Hunyadi water, castor oil, or, if obstinate, by small repeated doses of calomel. Diarrhœa should be regulated by diet. Where bismuth with a vegetable astringent fails, sulphate of copper acts well. He has had no personal experience with the Brand method, but relies upon sponging with alcohol and water, cold to the head, and, in some cases, cold cloths to the abdomen. Dr. Morgan reports twenty-eight cases of typhoid fever in which he has had only one death, and the cause of this death was hypostatic pneumonia, following the relapse of typhoid fever.

DISCUSSION BY DR. C. H. STOWELL.

After discussing the paper, Dr. Stowell drew the following conclusions:

1. Typhoid fever is more prevalent in the country than in the city.
2. The Brand method, while rational, is not applicable to all cases.
3. The mortality of this disease under modern treatment is less than is generally supposed.
4. From the greatest variety of treatment the mortality remains very low.
5. No specific treatment can be claimed as the only successful method.

Dr. Stowell thought it was a crime for any physician to lose as many patients as had been done by the physicians referred to by Dr. McCormick as using Dr. Stone's methods. If the doctors had tried their very best to intentionally kill all their patients they would have had to succeed in only five per cent more of their cases. He was surprised at the sweeping statements of Dr. McCormick in his denunciation of the coal-tar products. The physiological action of most of them is well known. He thought Dr. McCormick had overlooked the thorough experiments of Professor Hare.

DISCUSSION BY DR. C. W. BROWN.

Dr. Brown had an opportunity to observe typhoid fever in the country as well as in the city. He recalled an epidemic at the State Normal School of Pennsylvania, in 1893. There were 62 cases in all, and 30 of these were sent to their homes in different parts of the State. This epidemic was traced to a surface well, which had become contaminated from a privy vault. An analysis of this water showed that it was loaded with animalculæ. The onset was rapid and severe, most all with chill and delirium. All had hemorrhage in varying degrees. The duration was longer than the average, being from 30 to 40 days. Three of the 32 that remained died: one on the third day and two others in the third week—the last two from hypostatic pneumonia.

He overcame constipation by giving mild aperients, hydrarg., cum creta, or enemata. Reduced temperature by sponging with alcohol and water—the temperature being governed by the feelings of the patient. Dry tongue was relieved by two-drop doses of turpentine. Excessive tympanites was relieved by catheterization, turpentine stupes or poultices; if this did not act well he resorted to crystals of carbolic acid, highly diluted. This also had a good effect upon the hemorrhage. Nervous symptoms were treated by administering Dover's powder. The same powder also controlled diarrhœa. Absolute rest was enjoined. The diet was principally milk and beef-tea. In the later stages whisky was given with advantage. He believed the rational treatment was expectant and not stereotyped. Of the 30 to return to their homes, 9 died.

DISCUSSION BY DR. ROBERT REYBURN.

Dr. Reyburn said that from diverse means of treatment the same end was accomplished. He believed that good results were obtainable from calomel if given carefully and judiciously. If from 10 to 20 grains are given in the early stages it is useful. The antiseptic effect of the calomel is good. He believed in the acid treatment. Turpentine exerted a beneficial effect in cleaning the tongue

and in its effect upon the ulceration. There were grave objections to the use of the Brand method in private practice, where we can accomplish the same result by the wet-pack. He thought much harm was done by the too free use of stimulants, especially in the early stage. We know that alcohol acts as a sedative when given in too large doses. The antipyretics may occasionally be useful if administered with care.

DISCUSSION BY DR. H. L. HAYES.

Dr. Hayes gave the details of two cases of typhoid fever he had under his observation in Providence Hospital. Both were robust young men. One was permitted to get up too soon and died in a few days from the effects. The other was, for some reason, moved to another ward, and he never recovered from its effect. During his service there the treatment was by iodine and carbolic acid and all seemed to be benefited by it.

DISCUSSION BY DR. S. S. ADAMS.

Dr. S. S. Adams said that those who had taken extreme views in this discussion had been entirely misunderstood. From the discussion to-night it would seem that he with several others would not resort to the use of drugs under any circumstances. This was not true. They meant to combat the idea of the superiority of the routine treatment laid down by Dr. Stone. If an excessive diarrhœa occurred he would treat it. He would also treat any complication that might arise just as he would treat them if they happened independently.

Favorite Prescriptions from Our Exchanges of Last Month.

Treatment of Pleurisy:

℞ Guaiacol pure ..... ʒj.
Tincture of iodine ..... ʒvij.
Paint the whole of this liquid each evening on the affected side. The temperature quickly falls, an abundant perspiration takes place, and the effusion becomes soon absorbed.

Diarrhœa Incident upon Teething:

℞ Acidi sulphurici dil ..... gtt. xij.
Morphinæ sulph ..... gr. ¼.
Spir. vini gallici,
Syr. zingib ..... āā ʒss.
Aquæ ..... q. s. ad. ʒiij.
M. Sig.: ʒj. every three hours.

Irritable Heart:

℞ Chloralamid ..... ʒiv.
Tinct. belladonnæ ..... ʒij.
Elixir simplic ..... q. s. ad. ʒiv.
M. Sig.: Teaspoonful three times daily, between meals and at bedtime.

Hemorrhoids:

℞ Cocaine ..... gram. 1.20
Morphine ..... centig. 30
Atropine ..... " 20
Tannin ..... gram. 1.20
Vaseline ..... " 30.00
Apply after each passage.

Remedy for Acne:

℞ Sulphate of zinc, Sulphurated potash ..... of each 20 grs.
Rosewater ..... 1 fluid oz.
Precipitated sulphur ..... 30 grains.
Apply three times a day.

Hiccough:

℞ Bismuth. subnitr. ..... gr. xij.
Zinci oxidi,
Zinci valerianat,
Pulv. calumbæ ..... ʒj.
Pulv. opii ..... gr. iss.
Spirit. anisi ..... q. s.
M. Sig.: Teaspoonful in a glass of sweetened water.

Pills for Habitual Headache:

℞ Arseniate of sodium, Sulphate of atropine ..... āā gr. ss.
Extract of aconite ..... gr. viiij.
Powdered canella ..... q. s.
Mix. To be made into thirty pills. From one to four pills in the twenty-four hours.
The dose should be diminished if the patient complains of dryness of the throat, mydriasis, feeling of heat or formication.

For Chronic Rheumatism:

℞ Olei Terebinthinæ ..... ʒj.
Linimenti Camphoræ Compositi ..... ʒij.
Linimenti Saponis ..... ad ʒvj.
Misce et fiat linimentum.
To be well rubbed into the painful parts three times daily.

For Removing Warts:

℞ Acid salicyli ..... gr. xxx.
Ungt. aquæ rosæ ..... ʒss.
M. Sig.: Apply twice daily for two days, after which the growths being softened, they should be removed by a dermal curette. By using these means you can safely say that the wart will not return.

An Agreeable Salicylic Mixture :

℞ Potassii acetatis ..... ℥ ii.
Acidi salicyli ..... ℥ ss.
Syrupi limonis ..... ℥ ii.
Aquæ nenthæ piperitæ ..... ℥ viii.
Sig. : One tablespoonful every three hours.

Aristol in Diarrhœa :

℞ Aristol ..... gr. v.
Dover's powder ..... gr. viiss.
Sugar of milk ..... ℈ ii.
Sig. : Divide into ten powders, one to be given every two hours.

For Laryngeal Phthisis with Dysphagia:

℞ Cocainæ hydrochloratis ..... gr. x.
Acidi borici ..... gr. iv.
Glycerini ..... *m* xv.
Aquæ destillatæ ..... q. s. ad. f ℥ i.
Misce.
Sig.: To be applied to the throat when necessary.

Influenza :

℞ Tinct. digitalis ..... *m* x.
Tinct. aconiti ..... *m* iiss.
Liq. ammon. acetat. ..... f ℥ iiss.
Aquæ ..... ad f ℥ viii. M.
Sig. : One tablespoonful to be taken directly, and repeated every hour until four doses have been taken ; then every two, three or four hours, as directed.

Blisters of the Feet :

In the German army the following application is employed for the rapid cure of blisters of the feet incident to long marches :

℞ Black soap ..... 52 parts.
Water ..... 27 parts.
Vaseline ..... 15 parts.
Oxide of zinc ..... 6 parts.
Essence of lavender, enough to perfume.

For Chronic Cystitis :

℞ Liquoris Potassæ ..... *m.* xxx.
Infusi Uvæ Ursi,
Infusi Buchu ..... āā ℥ j.
Misce et fiat mistura.
Four tablespoonfuls four times daily.

For Diabetes :

℞ Nitrate of pilocarpine ..... gr. iii.
Dilute alcohol ..... ℥ i.
Distilled water ..... ℥ ss.
4 or 5 drops of this mixture may be placed upon the tongue two or three times a day.

Ice in Asthma :

One of the best means of relieving the spasm of the small tubes present in asthma, is the application of ice over the region of the pneumogastric nerve in the neck. Severe attacks are often relieved in five or ten minutes.

BOOK REVIEWS.

An International System of Electro-Therapeutics, for Students, General Practitioners and Specialists. By Horatio R. Bigelow, M. D., and Thirty-eight Associate Editors. Thoroughly illustrated. In one large Royal Octavo volume, 1,160 pages, Extra Cloth, $6.00 net ; Sheep, $7.00 net ; Half Russia, $7.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

So far as we know this is the only complete work on electro-therapeutics that has been issued from any publishing house, for a long time, at least. It is the work of a man eminent in his specialty, assisted by no less than thirty-eight associate editors. The introductory chapter by Dr. W. J. Herdman of the University of Michigan sets forth the necessity for special education in electro-therapeutics. He says that there are about 10,000 physicians in the United States who make daily use of electricity as a therapeutical agent, while there are many others who find occasional use for it. This is a far better statement than we expected, as we had no idea the subject was so well understood. When we consider the wide range of diseases which have proven amenable to electrical treatment we realize at once the importance of such a work as this. There can be but one reason why this agent is not the common property of every physician, whether his work be in a special or general line, and that is because instruction in this branch has been so long neglected in our medical colleges, and also because there has been a lack of literature upon the subject. With such a text-book as this for students, general practitioners and specialists, one great impediment to the advancement of electro-therapeutics is removed. We know of no part of a medical curriculum which holds out such promises to the student as the one under consideration, and it does not require much of a prophet to declare that the education of the future physician will not be complete without a thorough knowledge of electro-therapeutics. The volume can be found with W. H. Lowdermilk & Co. of this city

Lectures on Auto-Intoxication in Disease, or Self-Poisoning of the Individual. By Ch. Bouchard, Professor of Pathology and Therapeutics, Member of the Academy of Medicine, and Physician to the Hospitals, Paris. Translated, with a preface, by Thomas Oliver, M. A., M. D., F. R. C. P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, Newcastle-upon-Tyne, and Examiner in Physiology, Vonjoint Board of England. In one octavo volume, 302 pages. Extra cloth, $1.75 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

The science of medicine has reached that period at the present time when a high place is assigned to a study of the origin of diseases. If we are convinced that a large number of diseases are not only due to poisons taken into the system, but also to those generally within the body itself, then it follows that the course to be pursued is to prevent those poisons from being formed. We must oppose their penetration into the system, and if they have been absorbed we must attempt to destroy them or to encourage their elimination through the excretory channels of the system. Professor Bouchard discusses the causes of the toxicity of the urine, the blood and tissues, and then draws certain conclusions, showing how, in this way, the individual may become self-poisoned. When we consider the multiform changes that take place in the small intestines during digestion it is readily understood how there must be produced substances of a highly complex nature which, if absorbed, may seriously affect the vitality of the individual. While the consideration of a subject like this is a most serious study, yet there is a fascination about it which makes it command an interest second to none other.

The Physician's Wife; and the Things that Pertain to Her Life, by Ellen M. Firebaugh. With portrait of author and 44 photo-engravings of original sketches. In one Crown Octavo volume of 200 pages. Extra cloth, $1.25 net. Special limited edition, first 500 copies, numbered, and printed in photogravure ink on extra fine enameled paper; bound in half leather and vellum cloth, $3.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

There is one reason why the woman physician can never fully appreciate the practice of medicine: she can never have something said about her wife through the pages of such an attractive volume as the one before us. The physician has been writing things about his colleagues and has also improved the opportunity now and then to say a good word for himself. What have we been thinking of all this time? We have actually forgotten that there was some one in the house to whom we owed the greater part of our success. In all of our sayings we have not had a word to say about the physician's wife. And at last she herself has had to boldly set forth her claims. Therefore in the volume that is before us we find her telling of many things that pertain to her life which will not only interest and amuse the reader but will also make him turn a serious thought toward many a subject. After reading this interesting volume we shall expect that all the old bachelor doctors will be hunting for wives, while all the women physicians will mourn for once that they must remain away on the outside. This book can be found with Lowdermilk & Co. of this city.

A Primer of Psychology and Mental Diseases. By C. B. Burr, M. D., Medical Superintendent of the Eastern Michigan Asylum. George S. Davis, publisher. Detroit, Mich. 1894. Pages, 104. Price $1.00.

The first part of this primer is devoted to a study of psychology. The faculties of the mind, feeling, thinking and acting, are discussed. Such subjects as perception, memory, reasoning, judgment, etc., are defined and illustrated. As an illustration of concept or idea the author uses a bunch of grapes. He says each grape represents the memory of the precept. These united by the stem, ideation, form the concept. Part second is devoted to a discussion of insanity, its various forms, acute, chronic, etc. Part third gives the management of cases of insanity. The author says that those having the grave responsibility of caring for the insane should have two great aims: to promote the recovery of patients, and to limit the amount of dementia in unrecovered cases. Such subjects as food, medicine, nursing, exercise, etc., are discussed. So far as we know this is the only book of its kind, and while written for a class of students under the author's charge, yet it will be found most profitable and interesting reading by all.

Personal Identity. Death from Drowning.

These are the subjects discussed at length in the new work on Medical Jurisprudence and Toxicology, recently published by William Wood & Co. We call attention to the subject here because

these chapters are the work of a physician of this city, Dr. Irving C. Rosse. When the work is completed it will consist of at least six volumes, and Dr. Rosse will contribute articles to a number of these volumes. The two articles mentioned are found in volume one. Those who have heard papers by Dr. Rosse need not be told that these chapters are easily recognized by their clear descriptions and good English.

A Text-Book of the Diseases of Women. By Henry J. Garrigues, A. M., M. D., Professor of Obstetrics in the New York Post-Graduate Medical School and Hospital; Gynecologist to St. Mark's Hospital, New York City. Containing 310 engravings besides colored plates. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894. Price: Cloth, $4.00 net; Sheep, $5.00 net.

In writing this book the author evidently kept in mind what he says was his aim when he began, "to write a practical work." The reader will look in vain for theoretical discussions and lengthy discourses on pathology. On the other hand, every help is thrown out to aid in making a diagnosis, while the treatment is given with great completeness. In the larger cities it is becoming the fashion to turn all gynecological cases over to the specialists, but, of course, this is an impossible thing in the country. The country practitioner often finds it impossible even to send patients to places where they can be treated by a specialist. Therefore the general practitioner who is called upon to treat the various diseases of women will find in this work these subjects discussed in a full but concise manner and up to date. In giving the treatment of the various affections we notice the author has invariably mentioned the simpler means before giving those more complicated and dangerous. One chief object which it appears the author has in mind, is to give methods of treatment as they are practiced in our own country. The volume makes it a very convenient book for reference and for the use of the medical student. It is for sale by Lowdermilk & Co. of this city.

Report of Some of the Surgical Work AT THE NEW EMERGENCY HOSPITAL DURING THE PAST YEAR. By James Kerr, M. D., Washington, D. C.

This is a reprint of sixteen pages from the *Virginia Medical Monthly* for September. As surgeon to the Emergency Hospital, Dr. Kerr here reports some of the principal work done during the past year. Dr. Kerr says he has seen just as good, if not better, surgery in Baltimore than in Berlin; just as good in New York as in Paris, and just as good, if not better, in Boston and Philadelphia as in London. "But our traveling friend walks with nose in the air past these masters in the art at home to gaze with obsequious respect on the back hair of even the whipper-snapper assistants in the European clinics." Besides a number of very important surgical operations performed here, there were 885 wounds treated. In speaking of the treatment of wounds Dr. Kerr says:

"We use the full antiseptic technique in the Emergency service (except as far as the sterilization of instruments is concerned, which we sterilize by boiling), and in any other cases where there is any suspicion of sepsis having occurred during or before the operation. Our dressings, however, are all aseptic, and are only changed on local or constitutional indications. As a rule, we dress our cases at the end of the first or second week. Our dressings are always liberal in extent and quantity, and made as secure and immobile as possible—the former by adhesive strips, whenever necessary, and the latter by wet crinoline bandages, which, on drying out, give the whole dressing a fixity and firmness that leaves nothing to be desired.

"If there is any one method in dressings more than another that I would desire to emphasize the importance of, it is *iodoform gauze packing* in the treatment of wounds within the serous cavities. We all know the rapidity and fatality with which a septic inflammation spreads through a serous membrane. I can instance case after case in this list where I am confident fatal results were averted by these means in nearly every serous cavity in the body."

A Manual of Therapeutics. By A. A. Stevens, A. M., M. D., Lecturer on Terminology and Instructor in Physical Diagnosis in the University of Pennsylvania; Demonstrator of Pathology in the Woman's Medical College, Philadelphia. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894.

It is the medical student who will be especially pleased with the appearance

of this manual. The author does not intend it to take the place of the larger works on therapeutics, but hopes that it will serve as an outline of that study. The student will find here in a condensed form a synopsis of all that is found in the more systematic treatises. After studying one of the larger works, he has now but to read a half page in this manual in order to have his more extended reading brought fresh again to his mind. The general practitioner will also find this manual a convenient book to which to refer for brief statements of therapeutical subjects. The book is for sale by Lowdermilk & Co. of this city.

The Book of the Fair. In 24 parts, 12x16. Price, $1 a part. Bancroft Co., Auditorium Building, Chicago. Parts 9, 10 and 11.

Three more parts of this elegantly illustrated and descriptive volume of the Fair are at hand. While the illustrations in each number are very attractive, yet they are the finest of all in the last received. Part 9 has a number of full-page illustrations, any one of which is sufficiently handsome to warrant a separate framing as a work of art. This number is devoted largely to a description of the Agricultural Building.

Part 10 contains the description of the agricultural exhibit and contains many beautiful illustrations.

Part 11 takes up the subject of electricity and gives a description of the various exhibits belonging to the department. Among the beautiful full-page illustrations are the Franklin statue; another, the Edison Electric tower; another, the east entrance to the Horticultural Building, and others, showing interior views of conservatories. Some of the illustrations of the displays in the floral department are as handsome as we have ever seen.

The Forum.

The May number of this journal contains a large amount of interesting matter, some of which is of especial interest to professional men. It contains a number of discussions on political questions and considers the whole subject of Depression in Trade, Aid to the Unemployed, etc. Lovers of good literature should keep watch of the table of contents of this high-class journal.

The Popular Science Monthly.

The May number of this journal has some interesting articles on questions closely related to medicine. Among these are Economic Uses of Non-Edible Fish; Peculiar Sound Effects; The Sleep of Mollusks, etc. This is a monthly which always contains articles of interest to physicians.

George Keil, 1715 Willington Street, Philadelphia, announces the early publication (third edition), of the "Medical and Dental Register-Directory and Intelligencer," for the States of Pennsylvania, New York, New Jersey, Maryland and Delaware. It will present not only a complete list of all medical and dental practitioners in the States named, with place and date of graduation, but also lists of professional educational institutions, hospitals, societies, etc., etc., and will be of much practical value to all members of these professions.

THERAPEUTIC NOTES.

Trional in Neurasthenia.—Insomnia is one of the most frequent as well as important symptoms which the practitioner is called upon to relieve in the treatment of neurasthenia. Unless the obstinate wakefulness, which characterizes these cases, is removed little can be hoped for from other therapeutic measures, and yet our list of hypnotics in this affection is not a large one. Morphine is generally contraindicated for a number of reasons. It is apt to disturb the digestion, and by increasing the constipation from which these patients ordinarily suffer, prevents elimination of those poisonous substances—ptomaines and leucomaines—which pass from the system by way of the bowels. Aside from this neurasthenics readily fall victims to the morphine habit, or, as Dr. Mattison more properly calls it, the morphine disease. Chloral is a danger-

ous sleep-producer, as was evidenced but recently by the sad death of the great English scientist, Professor Tyndall. Bromides are not trustworthy; they occasionally succeed, but more often fail in producing sleep. The ideal hypnotic in neurasthenia must possess the combined qualities of safety, efficiency promptness of action, ease of administration and freedom from unpleasant after-effects. According to the observations of a large number of practitioners and neurologists, Trional is the remedy *par excellence* in conditions of sleeplessness, and in an interesting and able article on "Neurasthenia from the Standpoint of the General Practitioner," by Dr. I. N. Love (*Medical Mirror*) adds the weight of his testimony in the following words: "As a sleep-producer, I believe that Trional in ten, twenty or thirty grain doses is the best remedy we have at hand. No exaltation, no depression and no bad effects follow its use. I observe in a recent number of one of my exchanges a very pronounced tribute to this remedy by Dr. J. B. Mattison, of Brooklyn, N. Y., a high authority. His experience is entirely in harmony with my own."

In the administration of Trional the best results are obtained by giving the drug dissolved in hot water, soup, beef tea, etc., shortly before retiring.

Bromidia.—Dr. Orazio Satariano, Barrafranca, Italy, says:

"Although opposed to the use of pharmaceutical specialties, I was struck with the formula of Bromidia (Battle), and knowing the action of its ingredients could not bring myself to believe in its possessing greater therapeutic power than its component parts. However, I determined to try it in a severe case of mammary neuralgia, which had proved refractory to an infinitude of other remedies. The result was brilliant, and far beyond my expectations. I then made experiments with a preparation made according to the formula of Bromidia, by an experienced pharmacist, but whether due to the greater purity of drugs used, or special mode of combining, the results were not to be compared with those of Bromidia (Battle)."

Ponca Compound.—"An unmarried lady, aged 35, with a previously good personal history regarding her general health, called upon me a few months since, seeking relief from dysmenorrhœa and metrorrhagia. Bearing in mind the formula of ponca compound and being impressed with its application for the conditions presented, I prescribed the preparation in doses of one tablet *t. i. d.* The abnormal conditions very soon responded favorably to this treatment. The painful menstruation improved and the menses became more regular. She took the tablets as directed for two or three weeks and later on expressed herself as very much relieved. I saw her a few days since and she said that now during her menstrual periods, she experienced little or no pain."—Belcher Hyde, M. D., *282 Macdonough Street, Brooklyn, N. Y.*

Somatose, the New Restorative.—Somatose is an odorless powder prepared from meat and readily soluble in water. The solution has a slight but not disagreeable taste which is easily covered by the addition of milk. Somatose contains the albuminous principles of meat in a soluble form, as well as its nutrient salts, but it is completely free from peptone. A number of reports have recently appeared setting forth the high value of this preparation for weakly children and persons of reduced nutrition. The albumoses are rapidly absorbed when introduced into the system and therefore become reconstructive agents of the highest value.

Sanmetto.—"I have thoroughly tested *Sanmetto*, and I find that it *cures*. It does not simply obscure pathology by covering the symptoms, but it cures with a rapidity and certainty unequaled by any other remedy I have ever used. It is a sure specific for cystitis, ovaritis and dysmenorrhœa, also for urethral irritations. Its good effects are prompt and positive. I shall continue to prescribe it."—L. L. De Leon, M. D., *Wexford, Mich.*

Sennine.—C. H. Mastin, M. D., of Mobile, Ala., writes: "The Sennine you sent is a good combination for dry dressings. It is put up in convenient form and I shall continue to use it to advantage."

THE
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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

"Treatment and Medicine 25 Cents."

One of the new bills introduced into Congress is to the effect that all second-class matter which has heretofore been mailable at the rate of one cent a pound be now carried free. The argument used in favor of the bill is to the effect that as all such matter is carried at a loss to the Government of four or five cents a pound, it might just as well lose a trifle more and let the mailing be free. As treatment and medicine can now be obtained at the Dorothea Dix Dispensary of this city for twenty-five cents, the question comes whether the arguments used above would not apply well here. If the women physicians do as they agree on their published cards, and if they practice conscientiously, as of course they will, it follows that they will do so at a great pecuniary loss. When the attending physician sees that certain remedies are needed, the cost of which will be four or five times the amount received, and when this will occur many times a day, will not the temptation be almost too strong to overcome, to substitute cheaper and less desirable remedies? A bottle of cod liver oil at a dollar might be just the thing, but, under the circumstances, would not a number of powders of quinine answer? We understand this is not for those who are unable to pay anything, but for the intermediate class who will not accept charity and yet who are not able to pay the full price. Such being the case we do not understand why "medicine" should be included in this twenty-five-cent plan. Is each patient to undergo a civil service examination, and if found not to pass is then to be recommended to go to the private office of one of the attending physicians? We had these thoughts in mind, although the official card of the Dispensary had not then reached us, when we wrote the editorial "Bargain Day" found in the May number of this journal.

The National Sanitarium.

The prospectus of this institution is before us. After receiving the same we made a most careful investigation and are now prepared to make the following statement: It appears that the previous announcements of the sale of Dr. Hammond's Sanitarium have been premature. Arrangements were about completed whereby certain parties were to assume control of the new organization, and with this in view a number of very objectionable circulars were issued which immediately and very justly received the condemnation of the regular profession. But this sale was never completed and the issue of the circulars was premature.

The National Sanitarium, as now organized, has for its President the Hon. H. W. Blair of New Hampshire and

Dr. H. L. E. Johnson of this city as Vice President. The purpose of this Sanitarium is to conduct the treatment of habitués, viz., alcohol, morphine, chloral, etc. The institution is to be conducted under the strictest ethical rules of the profession. The methods of treatment will be free from all secrecy and will be explained fully to any one who will take the trouble to call at the Sanitarium. In fact, all formulæ can be inspected by any regular physician and the line of treatment can be witnessed. The method of treatment, as explained to us, is founded upon rational principles, the force of which will be at once recognized. The needs of such an institution are self-evident. The only question is, Will such a Sanitarium be conducted strictly upon ethical principles? In reply we wish to make the following observation:

The Vice President of this organization, Dr. H. L. E. Johnson of this city, who is also a member of the Board of Directors and one of the consulting physicians, we have known for five years. Of late we have had repeated conversations with him with respect to this new movement and Dr. Johnson assures us in the most positive manner that so long as he remains connected with the Sanitarium everything shall be conducted according to the strictest interpretation of the code. Just the moment, he says, that anything unethical occurs either in the published announcements or in the private management, he severs his connection with the organization. But we trust he may never be called upon to take such action.

The Biggest Thing Out.

The editor of the *Medical Fortnightly* calls it "the smallest on record." But when we take the whole story into account we must regard it as "the biggest one" we have heard in a long time. The editor says it is reported that a baby was recently born in Connecticut which weighed only eight ounces. "Its face is about the size of a horse chestnut. A ring worn on the little finger of its mother was easily slipped over his foot nearly up to the knee. The child is so small that three of its like could play hide and seek in a cigar box." We notice on the title page of the *Fortnightly* that one of the departments to which it is devoted is microscopy. As we have not seen anything in that department for some time, we suppose the editors concluded to make up for lost time and give a microscopical story which would answer by its magnitude all omissions of the past and for any reference to this science in the future.

Power of Mind Over Body.

The editor of the New York *Medical Times* gives "an amusing incidence of commanding mind over body." He speaks of the recent visit of Hermann, the well-known necromancer, to Boston, as related in the *New England Medical Gazette*. The editor of the *Times* relates the incidence as follows: Hermann mentioned to a physician that he had the power of suspending pulsations of his own heart. "Feel my pulse, doctor," said Hermann. It was found to be a strong and steady one. "When you are ready, doctor, say to my pulse, 'stop!'" After a second or two of study of the pulse-rhythm, the physician said abruptly, "stop!" Instantly the pulse-beat ceased, absolutely and utterly. For a few seconds, naturally seeming a much longer time, the great magician's wrist remained in the physician's grasp, absolutely pulseless!

The editor then proceeds to discuss mental therapeutics, all of which is very interesting, only we have the following incident to relate: While teaching physiology, an assistant told us he could sus-

pend at will the pulsations of his own heart. He asked us to put our finger on his pulse and note its strength, when he would stop its beat whenever we said. The word was given and we noticed almost immediately that the pulsations ceased at the wrist. They ceased until from astonishment and fright we removed our finger from the wrist. To accomplish this our friend did not even claim to exert any will power whatever. He took a deep inspiration, expanded the chest to its utmost and then by strong muscular contraction of the muscles of the shoulder and arm produced the desired effect. As this associate was a most skilled anatomist, and as he did not attempt even to exert any special will power, his explanation of the occurrence we believe to be correct; namely, that he produced in some way pressure sufficient on the axillary or brachial artery to check the strength of the pulse at the wrist. If a medical man, unskilled in the science of necromancy, could accomplish this, it is altogether probable that in the case of Hermann the exercise of the mind was nothing very wonderful!

An Overflow Meeting.

At times of great political excitement when some speaker of wide renown is to address the people, it is not uncommon to find the largest hall in the place insufficient to hold the mass of people who gather, and overflow meetings are held. One whole month two gifted men gave forth religious teaching in Convention Hall of this city. The interest was so great that even that large auditorium was insufficient to hold the crowds, and overflow meetings were necessary. It is not often that physicians reach this high state of popularity; yet we are informed that a physician in this city finds his office so crowded and his physical condition so incapable of meeting the great demands made upon it, that, according to his statement, there is "a large overflow" from his office, by which neighboring physicians greatly profit. Thus it follows that in a short time probably the rent for offices in this particular part of the city will be advanced at least 100 per cent on the plea that the bonus thus required is as nothing compared to the profits derived from the "overflow" of said physician's office!

The above is simply a good story told us without reference to any particular physician and was said to be given for the purpose of "pointing a moral." We have all heard of the most extravagant claims set forth by the friends of physicians. We have been given the names of a number of physicians in this city whose incomes were said to be above $30,000 a year! The *Medical Record* has lately called attention to the fact that when some of these physicians die there is great astonishment over the small estate; in many instances worse than nothing at all. It is enough to check digestion to listen to the claims set forth by the friends of prosperous physicians. A number of physicians in this city have large incomes, but there are none who are collecting such fabulous sums of money that they are likely to loan a part of their surplus to the Bank of England!

Discussion on Prevention of Tuberculosis.

The discussion on the prevention of tuberculosis, following the report given on a subsequent page of this number, will be given in full in the July number of our New York journal, *Food*. As this discussion opened with a very complete paper from Dr. W. P. Compton, followed by Surgeon-General Sternberg, J. S. Billings, Walter Reed, W. W. Johnston, Theobald Smith, and others, this number of *Food* will be of special interest. A copy will be sent to any physician requesting the same.

LOCAL PERSONALS.

The *Public Health Magazine* is now printed in Baltimore, although the office is still retained in the Loan and Trust Building.

Stockholders of the above monthly have purchased the *Maryland Medical Journal* and will continue it with many changes for the better.

The address of welcome by Dr. S. C. Busey given before the Association of Military Surgeons was a fine treat in a literary way.

We may have back with us again our own Dr. John B. Hamilton, as he is a candidate for the nomination for member of Congress.

Dr. H. L. E. Johnson is vice president of the " National Sanitarium " Association.

The new hospital at the Deaconess Home on North Capitol Street is nearly completed.

Dr. D. K. Shute has been elected to the position vacated by Dr. King as Dean of the Medical Department of Columbian University.

Dr. E. A. de Schweinitz has been recently elected secretary and treasurer of the above medical school.

Dr. J. Ford Thompson gave the commencement address to the graduates of the Medical Department of Columbian University.

Dr. George C. Ober gave the address at the commencement exercises of the Medical Department of the National University.

There were 101 students in the Nurses' Training School of Howard University for the session just closed.

Thirty-four students received diplomas from the Columbia Medical School, nine of which are from the District of Columbia. One hundred and fifty students attended during the year.

There were seven graduates from the Medical Department of the National University, and eighty-eight students attended the course during the year.

Twenty-five students graduated from the Medical Department of Georgetown University, seven of which are from the District of Columbia. One hundred and thirty-seven students attended during the year.

Forty-one students graduated from the Medical Department of Howard University. One hundred and thirty-seven students attended the university during the year, eight of which were women.

Drs. S. M. Burnett, T. Morris Murray, William H. Hawkes, H. L. E. Johnson, James Kerr, G. B. Harrison and E. L. Thompson compose the staff of the Central Dispensary and Emergency Hospital.

Dr. Llewellyn Eliot contributes an article on The Treatment of Hemorrhoids by Injection to the last number of the *Virginia Medical Monthly.*

Dr. I. S. Stone makes a report to the same journal on a series of twenty-five abdominal sections.

The same number contains an article by Dr. J. S. McLain on the Evolution of Empiricism in the District of Columbia. This article also appears in *Food.*

The paper read before the Medical Society by Dr. Mary A. Parsons, entitled To What Extent Are We Responsible for the Charlatanism of To-day, appears in the May number of *Food.*

Dr. S. S. Adams also contributes an article to the same number on Practical Aids in the Nursing of Sick Children.

For fifteen years Dr. A. F. A. King has been Dean of the Columbian Medical College. During his term of service most marked advancements have been made in every department of instruction, while the building has been greatly improved. But Dr. King concluded he had done his share of the work and has resigned this office, the medical faculty, however, insisting that he should retain the title of Dean Emeritus. The University authorities, the medical faculty and the large list of alumni are deeply indebted to Dr. King for his untiring labors in their interests.

THE PROGRESS OF MEDICINE.

Discussion on the Prevention and Control of Diphtheria.

At the meeting of the Medical Society of this city for March 7, Dr. Walter Reed, U. S. A., opened the discussion on this subject by invitation. Dr. Reed said that his clinical experience, laboratory work in inoculating animals, and bacterial studies had led him to certain ideas as fixed convictions:

1. The Klebs-Loeffler bacillus is usually characterized by a deposit of false membrane in the throat, and is attended by frequent fatal sequelæ. This bacillus he believed to be the cause of true primary diphtheria.

2. He is confident that diphtheria is local in the beginning and by the production of virulent toxines tends to become rapidly constitutional. The bacilli themselves have been found in the internal organs of the human subject as well as in those of animals. He gave the results of Howard's and Flexner's experiments, so that we cannot any longer say that the bacilli remain local throughout the attack.

3. Diphtheria is not spread by water and food, except by milk and its products which are infected in transit. Klein inoculated cows and drew certain conclusions, which Abbot refuted by his experiments upon cows also. He did not believe that the disease was spread by the air except in rare cases. The unprotected animal is separated from the infected by only a few inches of air, but they do not contract it. It may, however, be spread by the expectorated matter mingling with the dust on the floor and being wafted about by currents of air. This will happen if the sputum is not properly disinfected. The diphtheric bacillus remains alive for a long time, and even when dried can be revived under proper conditions. He did not think modern sanitary plumbing had done anything to prevent the spread of this disease. How is it spread? By personal contact; from patient to nurse, patient to physician, nurse to patient and physician to patient, as well as by kisses, toys, soil, etc. The thermometer, if not properly cleansed, will convey it, especially so when it is used under the tongue of a patient whose saliva is swarming with bacilli. Again, it can be carried by the hands of the physician and attendants if great care is not exercised as to cleanliness.

4. All doubtful cases should be examined by some competent person; as from the bacteriological examination we can arrive at a more prompt and certain diagnosis than in any other infectious disease.

He had been using this method of diagnosticating diphtheria since 1891, and had found it one of the most important acquisitions to his clinical knowledge. He was astonished at the indifference and lack of confidence of the general practitioner in modern bacteriological work. In every case he had examined, the diagnosis had been made within twenty-four hours. Too much emphasis should not be placed upon the pseudo-organism. As to the differential diagnosis between diphtheria and membranous croup, Dr. Reed advised a careful bacteriological examination in all such cases.

DISCUSSION BY DR. C. W. BROWN.

Dr. Brown said there were two points made by the previous speakers that he could not accept. In the first place it had been stated that it was out of the question for diphtheria to be other than a local disease, which became constitutional. In answer to this he would say that he had seen cases in which the membrane was not discovered—*i. e.*, was not in sight. He had seen patients very ill for twenty-four hours before the membrane was discovered. In the second place, it had been stated that diphtheria was not spread by drinking water. In refutation of this he desired to state that during an epidemic of diphtheria in Elmira, N. Y., the water from fourteen wells was found to be swarming with animalculæ. Those who drank the water from these wells were affected, while those who used the water from other wells—the water not containing animalculæ—were unaffected.

Dr. J. Ford Thompson asked Dr. Brown if the analysis had shown the bacillus diphtheriæ to be present in the water?

Dr. Brown replied that organic matter

and animalculæ were found." This was prior to the discovery of the Klebs-Loeffler bacillus. In conclusion he desired to say that he considered diphtheria a constitutional disease, while the patch in the throat was simply local.

Dr. J. Ford Thompson was called to the chair.

DISCUSSION BY DR. S. C. BUSEY.

Dr. Busey said that he had been interested and instructed by the paper and the opening remarks of Dr. Reed. In clinical observation he had been accustomed to divide diphtheria into three forms. In one class the system seemed to be overwhelmed with the poison and they died almost before any treatment could begin; in a second class medicines proved beneficial; and a third class recover without any special treatment. Hence we must conclude that these different types depend upon the rapidity and amount of absorption of the poison in each individual case. So in these bacteriological results we have an explanation of death before treatment has been begun. Again, we have an explanation of those sudden and unexpected deaths which occur during convalescence, when twenty-four hours before they were thought to be out of danger. He had seen two such cases during the past two months. He was not aware before that such sudden deaths were due to acute fatty degeneration of the heart, but the explanation seemed satisfactory for those that die of what is known clinically as "heart disease."

Dr. Kinyoun had denied the unity of diphtheria and membranous croup, but he had always maintained that they were identical, and even observations by many bacteriologists had strengthened his views. In those cases of membranous croup that die before the symptoms of diphtheric poisoning become manifest, the explanation is to be found in the fact that they die before the poison has had time to produce constitutional symptoms. It is important to have a differential diagnosis finally settled within twenty-four hours; and this can now be done definitely and distinctly by the methods recommended to-night. In very many cases the clinician has been in doubt for a much longer time, and has been embarrassed when compelled to change his diagnosis. This doubt will soon be dispelled by the aid of the laboratories. If they were established and placed under competent management by the municipal authorities, many cases of diphtheria would be prevented and still more cured.

He had always drawn a distinction between an infectious and a contagious disease; while the former was diffused through the atmosphere, the latter was only conveyed by actual contact. We had been told that the poison of diphtheria by being dried, divided and mixed with atmospheric air could be conveyed a very short distance. He believed the spread of diphtheria was very limited, and was almost always by actual contact, by the conveyance of the poison from one person to another. Both gentlemen have set forth the doctrine that diphtheria was always due to a specific poison, which was necessary for infection of the susceptible and would always and only reproduce itself. Is this a fact? Are there any conditions or environments that will produce diphtheria? Will filth, squalor and unsanitary conditions generate the disease? He would not say that it would or would not, but he confessed that from his clinical observation he could not accept the exclusive doctrine of specificity in its entirety. He thought diphtheria might occur spontaneously. The bacteriologists have not yet decided these questions for us. How can we explain the anginas of different types in the different children of the same family? Is a bacillus necessary in each case? He had seen membranous croup, diphtheria and simple angina, each differing in its clinical history, in the children of the same family; but did they differ in pathology?

He desired to reiterate his opinion as to the advisability of a hospital for contagious diseases, as well as to state that the prejudice against such an institution being located within the city limits should be met by more decisive means. The doctrine of the limited diffusibility of the different contagia is a strong argument in favor of placing such a hospital in close proximity if not within the city's limits. If those who oppose its establishment expect to place it so far

that it cannot be reached by the diffusible poison of scarlet fever, then they must seek a spot off the habitable globe, for this disease has been known to be present at some time in every habitable place upon it. Patients suffering from contagious diseases are much safer for the community when in properly constructed and managed hospitals than in private residences.

DISCUSSION BY DR. C. G. STONE.

Dr. Stone desired to be recorded as opposing the idea of the unity of diphtheria and membranous croup. He does not care what bacteriologists say or what bacillus is found, they are as clinically distinct as smallpox and scarlet fever. One case in five is saved. In croup the onset is so insidious that it is hardly recognized until the alarming symptoms are manifest. There is no fever, and the whispering voice is the only suspicious symptom. It occurs sporadically in his neighborhood. He realized that the diagnosis in some cases is difficult. The onset and symptoms of diphtheria are entirely different from this. Again, the two diseases can be separated by the habit of their spread. Membranous croup is not contagious, while diphtheria is to a marked degree.

DISCUSSION BY DR. WALTER REED.

Dr. Reed said that he agreed with Dr. Stone in the duality theory, for Prudden has shown that membranous croup may be due to streptococci. The deposit in the larynx either is or is not diphtheric, and he warned all observers to be on their guard about positive statements without proper examinations to determine certainly disputed points. He did not believe in the spontaneous origin of diphtheria; if it were true we might as well stop our efforts to prevent its ravages. He heartily indorsed the project for a hospital for contagious diseases. He would not object to having such an institution next door to his own home, provided it was properly constructed and under competent management. He knew how to destroy the germ by subjecting all infected articles to a temperature of 150 Fahr. for ten minutes. He did not believe that general disinfection by germicides was necessary, provided the case had been properly managed from the beginning. He then gave his method of disinfection, which consisted in extreme cleanliness of persons, instruments and articles of clothing. Keep the clothing and instruments in water until they are subjected to the proper temperature.

DISCUSSION BY DR. C. H. STOWELL.

Dr. Stowell said there were some points in the paper to which he desired to call attention. The question is whether if you were "once in grace, always in grace," or, to apply that saying to the case in hand, Is the bacillus which causes diphtheria always and invariably derived from preceding bacilli capable of producing that disease? Or, to put it in another way, Is it possible for benign bacilli to become malignant? Not very long ago this Society had a very interesting discussion on the question "Can a benign tumor become malignant?" and while there was a difference of opinion on this subject, yet the consensus of opinion was that such might be the case. In fact, before the discussion was closed, Dr. William Goodell of Philadelphia was being quoted in the journals to the effect that all cases of lacerated cervix should be operated upon, because of the danger of this benign trouble becoming the seat of malignancy. A number of years ago Dr. Dallinger of London began a series of experiments on micro-organisms to prove how they could be affected by a change of their environment. His observations extended over a series of some seven years, and his conclusions were intensely interesting. He showed conclusively that by the slow, gradual change of environment these low forms of life could easily be brought to life in media which would be sudden death to them under ordinary circumstances. Not long ago Dr. Theobald Smith of the Department of Agriculture, in reply to a paper read by Dr. Reyburn before the Biological Society of this city, said that bacteria did change their form and structure. Observers had found that certain forms of bacteria might gradually take on certain changes until finally a form would be produced which was quite unlike the original. To come back again more closely to the question before us,

we have to remember that there is constantly in the mouth of each person countless numbers of benign micro-organisms. Let us suppose the person is in good health, well fed and surrounded by the best sanitary conditions, then there is no reason why these micro-organisms, naturally existing in the mouth, should change. But here comes the question which Dr. Stowell wished to ask the author of the paper: If benign tumors can become malignant, if micro-organisms can be greatly changed by change of their environment, if they can even became changed in form and structure, then we are ready to ask why is it not possible for the simple bacilli, normally found in the mouth, to become so changed as a result of lowered vitality of the system, together with a locally diseased condition of the mucous membrane of the throat, and also associated with unsanitary surroundings of the individual, to take on malignant properties? To be brief and to the point, then, we would ask, is it not possible for the simple bacilli of the mouth, under certain abnormal conditions, to become so changed that they will produce a disease which it would be impossible to differentiate from diphtheria?

DISCUSSION BY DR. J. W. H. LOVEJOY.

I have been disposed to believe in the germ theory of disease ever since I heard, in 1851, Dr. J. H. Mitchell advocate, in his eloquent manner, the probability of malarial fevers being due to minute cryptogamic vegetations. By logical reasoning belief was almost compelled before the actual facts were discovered. Since the establishment of the theory by the discoveries of biologists, with respect to many of the infectious diseases I have almost given up the belief in a distinction between the terms infection and contagion.

I believe in the transportation of the germs of many infectious diseases by the wind and by insects. If germs of disease are so minute that it requires a power of several hundred diameters to render them visible, why may they not be transported even upon such motes as we see in the sunbeam. And when we know that ashes from eruptions of volcanoes have been transported by the wind for 1,200 or more miles, we can form some idea of the distance to which such germs may be carried. The frequent failure, or rather the apparent fact, that such causes of disease are not thus transported may be partially explained by the fact that a large majority of those actually exposed to infection escape. A physician scarcely ever, I believe, attends such cases without receiving many of the germs into his system, which, for some undiscovered reason, fail to produce the symptoms of the disease. I myself rarely attend a case of diphtheria without a feeling of pain in the cervical spine, nor a case of scarlet fever or more than moderate severity without a frontal headache; both, however, evanescent. Contact with the disease without production of symptoms is no indication that the infection has not been received into the system. I have known a mother to nurse an unvaccinated infant for two days after the eruption of smallpox had appeared upon her own person, and that infant to remain in the same room with her for twenty-five days; another case of varioloid occurring in an adjoining, communicating room, the infant being unsuccessfully vaccinated twice, a third time successfully, when on the twenty-fifth day of exposure—the seventh after vaccination—simultaneously with the maturation of the vaccine, an eruption of mild varioloid making its appearance.

I am not prepared to admit that diphtheria is not primarily a local disease. I think that if due to a germ it must be, for that germ must first obtain a local habitation. Owing to its extreme minuteness it may lodge long enough to infect the system hidden in the nasal passages, behind the pillars of the palate, in the crypts of the follicles or the tonsils.

I was glad to hear Dr. Reed, at our last meeting, assert the conviction that there were cases of membranous exudation in the larynx which were not diphtheritic—a belief that I have always held, because I have seen cases which have satisfied me of it. One case in particular I remember, in which from the conformation of the throat of the child I could easily see the white membrane protruding above the edge of the glottis where it abruptly terminated without

there being any appearance of the diffused redness which I believe to be always present for a considerable distance in the vicinity of a diphtheritic patch. I have seen cases of tracheotomy in croup in which the edges of the wound did not present an accumulation of diphtheritic membrane. The very red injection of the mucous membrane in the vicinity of the patch, and the highly œdematous condition I regard as important diagnostic signs of diphtheria.

I am not a bacteriologist and shall not presume to discuss this subject with the author of the paper; but I am not yet prepared to rely altogether upon examinations by bacteriologists for my diagnosis. I am, however, always glad of their help.

I must accept their own confessions. The morphology of the same germ is not constant. Sometimes a familiar germ takes on a new form. According to Welch: "In old cultures and unfavorable media bacteria may present anomalous shapes, swellings, bends, twists, pear-shapes, elongations, shortenings, etc." "These may be seen sometimes in vigorous fresh cultures: as diphtheria."

In an interesting editorial in a late number of the *Medical News* I find the statement that one day a germ may present involution forms; on another, they will be found plump, regular, typical. At one time pathogenic; at another, non-pathogenic. That there are two kinds of the diphtheria bacillus, one pathogenic, the other non-pathogenic, yet not distinguishable morphologically or by culture, and only by inoculation into susceptible animals: the pathogenic variety occurring only in true diphtheria, the other in various benign affections or cases apparently healthy.

According to Welch, "Under the name diphtheria have been hitherto included etiologically distinct affections. Most cases of genuine diphtheria are caused by the Klebs-Loeffler bacillus of diphtheria.

"If we can separate as a distinct disease diphtheria caused by the Klebs-Loeffler bacillus from other affections which have been called diphtheria, then the former disease is to be included in the group of those in which the three conditions of Koch have been fulfilled. If, however, the name diphtheria continue to be used to designate etiologically distinct affections, then diphtheria will rank with those diseases which can be produced by more than one kind of organism."

According to the *Medical News*, "Moore has found the bacillus fluorescens liquifaciens to become suddenly septic and to kill a rabbit in one week. After three weeks it had lost the pathogenic quality.

"Moore has shown that the Bacillus choleræ suis, the B. typhi abdominalis and the B. coli communis as regards flagella are impossible to distinguish."

The typhoid bacillus is described as having a tendency to form long threads, but observers also say that the colon bacillus also grows long threads under certain conditions.

That the typhoid bacillus is actively motile.

That the colon bacillus is slightly motile, and in old cultures there is no perceivable difference in this respect.

Also, a French observer claims that under certain circumstances the typhoid bacillus can be induced to give rise to fermentation and to the indol reaction.

So that there seems to be left no distinction under some circumstances between these two bacilli.

So it is with regard to germs of other diseases, and until bacteriology has succeeded in making a more complete differentiation of even these which seem to be the best established, we must hesitate to accept their decisions as always final, but we are ready to give them all the weight they deserve, and this I believe to be valuable and in many cases decisive.

DISCUSSION BY DR. E. L. MORGAN.

Dr. Morgan has been very much interested in the remarks made by Dr. Lovejoy, especially in regard to one point, that has no direct bearing upon the paper under discussion, namely, that germs of disease may be transported by air-currents. Since 1879 he had held these views, and had spoken to Dr. Kober, who had afterward read a paper on this subject. He was a firm believer in the theory that the winds, under favorable conditions, may carry germs of disease

to great distances. Dr. Lovejoy had referred to certain facts, based upon scientific investigations, and as to the possibility of the same. Volcanic ashes had been carried thousands of miles, in fact nearly around the globe; and in 1885 Icelandic volcanoes were in a state of eruption, the dust being carried over Europe, falling in some parts of Norway. In 1815, Tomboro, on the island of Sumbawa, 300 miles from Java, was in a state of eruption, the explosions being heard at a distance of 970 miles, and ashes were carried more than a thousand miles; and at midday in Java there was a great darkness as well as in other parts of that locality. Volcanic dust often falls upon the decks of vessels at sea miles away from volcanoes. The sand of the Desert of Sahara crossed the Mediterranean into Europe. A fine powder that fell at Malta, Genoa, Lyons, Tyrol, etc., was, upon examination by Professor Ehrenberg, the scientist and microscopist, proved to be from the valley of the Amazon. These infusoria were carried there by the winds. The "red fogs" in the vicinity of the Cape de Verde Islands and which is deposited upon the rigging of vessels as a powder, is of South American origin. Then, too, the colored snows of the Arctic regions have some bearing upon this subject. They are blood-red in color, greenish sometimes in Spitzbergen, are seen upon the mountains of Southern Europe, and are due to vegetable origin. We know that tornadoes, cyclones, etc., at the earth's surface, which offers a resistance on account of mountains, hills, forests, oceans and lakes, have a velocity of 100 miles an hour, and 49 pounds pressure to the square foot, and doubtless sometimes exceed these calculations. Trees and people have been carried short distances, and fish much greater distances. A tornado may take up water, carry it many miles, then up into cooler air-currents, causing hail or snow storms, containing typhoid fever germs that may have been in the water, and under favorable conditions be deposited on the Rocky Mountains. This possibly accounts for some cases of the disease before the days of railroads. These abnormal conditions of the atmosphere do occur, and, he believed, accounted for some unexplainable facts in certain epidemics.

In regard to diphtheria, he would state, that though an extremely contagious disease, he had seen two persons sleeping in bed with a severe case of this affection, two more people in an adjoining bed, spoons taken out of the mouths of patients and used afterward without being washed, and yet the disease was not transmitted to the unaffected. On one occasion a woman used her handkerchief to wipe the membrane from the nose and mouth of a child dying from this scourge; she then used the handkerchief herself. She immediately washed her face with a solution of mercuric bichloride and was not infected. In a shanty was a child dying from diphtheria and on the rafters above where some planks formed a loft, was a woman in labor who did not contract the disease. For two years this disease seemed to occur along Rock Creek on Twenty-fifth, Twenty-sixth, Twenty-seventh and Twenty-eighth Streets, rarely leaving this locality, only once getting up to Twenty-third Street.

DISCUSSION BY DR. C. W. BROWN.

Dr. Brown said that his ideas on diphtheria had been based upon a large clinical experience with the disease. He believed, as in typhoid fever, that the bacillus gained admittance through the mucous membrane and became a general disease without irritation at the point of entrance. In proof of this he said in diphtheria the chill and fever were followed by throat symptoms. A further proof of its primary constitutional character is that the only positive remedial measures are constitutional.

Dr. Lovejoy said that disease was primary where it first attacks the mucous membrane. Vaccination is at first primary, but no one doubts its constitutional nature subsequently. So with the venom of a snake.

DISCUSSION BY DR. J. FORD THOMPSON.

Dr. Thompson said that he was surprised to hear any one question that diphtheria was local in the beginning; he thought that had been settled long ago. He would regret if he was to be convinced that bacteriology had not made any progress during the past twenty years. Drs. Stowell and Lovejoy had gone over the old theories which were advanced long before the study of mod-

ern bacteriology had been begun. There is nothing to warrant the theories advanced by Stowell. The number of bacteria forms an important part in the production of the diseases. The phagocytes are continually repelling the invasions of the disease germs, and when favorable conditions are present they are overcome. He did not believe in the spontaneous origin of germs, nor in the change of their character by cultivation. Such theory had no weight with the surgeon when the question of operative interference was before him. He believed in the unity of diphtheria and membranous croup and operated regardless of different opinions. He claimed that, clinically, it was useless to try to draw a distinction—the only one being in location.

DISCUSSION BY DR. WALTER REED.

Dr. Reed said that Prudden's case of croup followed measles, as did also Booker's. Both showed that the membrane was due to the streptococcus pyogenes. Both observers were very careful. Hence, we must conclude that a majority of cases of membranous croup are due to diphtheria, but all are not such. He then quoted from an article by Thorn, published in the *Medical Record*.

DISCUSSION BY DR. ROBERT REYBURN.

Dr. Reyburn thought the micro-organism changes slightly but it would remain the same; there would only be more species. The vaccine virus is the same it was in the days of Jenner. He gave the details of an epidemic in St. John's Orphanage, in which five deaths occurred in thirty-two cases. He thought the primary local character of diphtheria had been definitely settled. While the bacilli lodge on the mucous membrane of the pharynx, most of the harm is the result of the ptomaines, and the patient will die from blood-poisoning.

DISCUSSION BY DR. E. L. MAGRUDER.

Dr. Magruder thought we had not a ready means of deciding promptly between true and false diphtheritic deposits. The health regulations would require frequent and careful examinations and the bacteriologist would as quickly decide the matter. He then gave the details of a case in which he was spraying a throat with a mercuric bichloride solution. A portion of the deposit was taken to Dr. Kinyoun and he reported that he could not find any Klebs-Loeffler bacilli; subsequently he found them.

Dr. Jas. T. Whittaker says, "Cornet has shown that 60 per cent of nurses succumb to tuberculosis."

The transactions and proceedings of the Seventy-fifth Anniversary of the Medical Society of this city are just from the press. They make a volume of 108 pages. All reports of the Committee of Arrangements, addresses and complete report of the banquet are given. Each member of the Society is entitled to a copy. This copy can be procured of the Librarian at any meeting of the Society.

The Forum for June contains many interesting articles, while some are especially so to physicians. The contribution by Carroll D. Wright on the Census of Sex, Marriage and Divorce, discusses the conjugal conditions of our population. Mr. Wright says: "There is an excess of single males in every State and Territory, except the District of Columbia, while on the other hand, the widowed females are uniformly in excess in every State and Territory of the Union."

The Popular Science Monthly for June contains an interesting article by Prof. Lester F. Ward, who discusses the question of the Transmission of Acquired Characters. Professor Ward holds that like produces like, and that acquired characteristics are often transmitted. Another interesting communication is from Prof. Austin Flint. Dr. Flint discusses the Eye as an Optical Instrument. He answers the statement that is so often made that the human eye is an imperfect optical instrument. He concludes by saying that whatever defects the eye may have, viewed as an optical instrument, "it is more useful to us than if these apparent defects did not exist." Both these articles will be found most interesting and valuable reading.

REPORT OF COMMITTEE ON "THE RESTRICTION AND PREVENTION OF TUBERCULOSIS."

Your committee, appointed for the purpose of reporting on what measures, if any, can be taken by this Society for the prevention and restriction of tuberculosis, beg leave to report as follows:

It has been proven beyond a doubt that consumption is a disease which is communicable from man to man, from man to animals and from animals to man. The agent which conveys the disease, the bacillus tuberculosis, may enter the system through the lungs, the stomach or some other absorbing surface. Every existing case must arise from some other pre-existing case.

Based upon these facts it follows that consumption is a *preventable disease.* In fact, it appears that there is no other disease known which is more easily prevented than this. The power of man to control the spread of the disease is *absolute* when he himself is the victim.

Your committee scarcely believes it necessary to report in this communication upon the terrible ravages of this disease. Yet it might be well to call attention to a few facts. From July 1860, to April, 1892, there were 76,272 deaths from consumption in the city of Philadelphia alone. In Vermont one death in every five is due to consumption; while the rate is nearly as high in the other New England States. Throughout the whole world one death in every seven is due to consumption. Dr. Biggs of the New York City Health Department found evidences of the existence of tubercular disease in more than 60 per cent of the autopsies in the charity hospitals. Over 2,000 children under two years of age die annually in Paris of tuberculosis. In Michigan there are about 3,000 deaths annually from this disease. One writer declares that "probably 5,000,000 people die annually throughout the world from tuberculosis." The editor of the *Record* says that "consumption kills twelve per cent of the population." In a report recently issued by the Health Department of New York City is the statement that "consumption causes about one-fourth of all the deaths occurring in the human being during adult life and more than one-half of the entire adult population at some time in life acquires it." And yet this is most decidedly a preventable disease.

The following statement of mortality from tuberculosis in the District of Columbia, for ten years, 1883–1892 inclusive, by sex, color and with percentages, has been prepared by the Health Office:

Years.	Total deaths from tuberculosis.	White—Males.	White—Females.	Colored—Males	Colored—Females.	Per cent to deaths from all causes.	Ratio to each 1,000 population, whites.	Ratio to each 1,000 population, colored.	Deaths from all causes.
1883	763	168	181	186	228	17.80	2.66	6.31	4,286
1884	856	204	191	195	266	17.77	3.02	6.65	4,814
1885	820	199	189	203	229	16.41	2.96	6.23	4,998
1886	836	185	180	210	261	17.89	2.69	6.82	4,674
1887	782	199	178	185	220	16.77	2.69	5.79	4,665
1888	745	175	189	141	240	14.85	2.43	5.08	5,040
1889	761	174	159	205	223	14.76	1.96	5.35	5,152
1890	803	198	165	222	217	14.44	2.16	5.49	5,564
1891	826	199	184	224	219	14.46	2.23	5.55	5,720
1892	827	205	184	222	216	13.56	2.22	5.15	6,098
Tot'ls.	8,019	1,906	1,801	1,993	2,319	... ..	.....	.....	51,011
Avg	... ..	.....	.....	.....	.....	15.87	2.50	5.84	

Whites—3,707.

Colored—4,312.

Per cent of deaths from tuberculosis to all deaths 15.87 in ten years.

As the successful treatment of tuberculosis depends largely upon the early diagnosis of the disease; as said diagnosis is now readily made by a microscopical examination of the sputa; and as not all physicians have the necessary outfit to make this examination, your committee trusts that some one of the laboratories of this city will open its doors for the free examination of all suspected cases or specimens which the physicians of the District may refer to them. We understand that this free examination of the sputa is now offered to the profession of New York City.

That the disease is very prevalent among cattle is now proven beyond question. The statement is made that the number of animals infected with tuberculosis exceeds all other diseases put

together. In Massachusetts the proportion of cows afflicted with tuberculosis is about 4 per cent. In one district in Scotland 22½ per cent of the cattle have been found to be tuberculous.

From a letter received from Prof. A. E. de Schweinitz of the Biochemic Laboratory of the Agricultural Department we learn that two herds have been examined in the District of Columbia and were found to be badly diseased. He says it is probable that the cattle all over the country are to a greater or less extent affected with tuberculosis. Professor de Schweinitz makes the startling statement that "in nearly all cases where the disease has been discovered, from 50 to 70 per cent of the whole herd has been found infected." He also says that although the milk from tuberculous cattle may not necessarily contain the germ of the disease, yet, even in its absence the milk from such animals has been found very injurious to young children and the sick. He also says that the Board of Health of this district is in sympathy with the work of the Bureau of Animal Industry and that arrangements are now being made which will result in a systematic investigation to determine the presence of tuberculosis.

Mr. Frijs of Copenhagen, in a recent article, says that in a lot of 30 cows, from which the milk was regularly sold, he found nearly all diseased. He believes the danger of infection through milk to be so great that there is no safety except in avoiding the use of milk which has not been submitted to a temperature sufficient to destroy the tubercle bacilli. When we consider that the milk from one infected animal is likely to be mixed with the milk from the whole herd, it follows that by the use of the milk from one large dairy, hundreds of children may be exposed to tuberculosis.

In England the Department of Agriculture, under the Pleuro-Pneumonia act in 1891, slaughtered some 12,000 animals, and an examination showed 16.09 per cent of the cows, 1.53 per cent of the bulls, 2.77 per cent of other cattle and 1.2 per cent of those under one year to be affected with tuberculosis. In Denmark the disease is most common. Dr. Bang, chief veterinary officer of the Royal Agricultural College, found 80 per cent of the cows suffering from it in some degree. In Germany, where the inspection is very strict, in two years 26,352 tuberculous animals were found among those brought to be slaughtered. In Russia tuberculosis is widely prevalent in the herds. It is a peculiarity also of the disease that it is most prevalent among the better class of stock, and where extra care is devoted to dairying.

While tuberculous meat and milk may be one important source of danger, yet, as a rule, *the* important source is from man himself. We know that the breath of tubercular patients is not an element of danger, neither is the moist sputum. The great source of danger lies in the dried sputum. The expectorated matter of tubercular patients lodges where it afterward dries, becomes pulverized, floats in the air as dust, and as such is inhaled. Or the sputum may become dry on handkerchiefs, or articles of the wearing apparel. It has been proved that the sputum may dry upon the lips of the infected person, as after wiping the lips with a handkerchief in which has been placed some expectorated matter, or simply dry on the lips as the infected matter passed over them in process of expectoration. Remaining on the lips in this way the germs are easily transferred to the lips of another by kissing, etc. From this it is readily seen how, if it were only possible to destroy all discharges from the mouth immediately after their exit, by far the greatest danger of communication from man to man would be prevented. In fact, it would probably reduce the number of cases of this disease at once to a most gratifying extent.

The consumptive patient does not understand that he is constantly re-infecting himself. He either swallows some of the matter from the lungs, thus exposing himself to tuberculosis of the abdominal organs, or, by not destroying the sputum, is surrounding himself with the infected dust to be inhaled with the air. It follows then that the consumptive must disinfect his own sputa for his own protection, as well as for the pro-

tection of those about him. The public should be taught that *disinfection of the sputa is the great desideratum.*

But it must not be forgotten that something besides the tubercle bacillus is necessary in order that a case of tuberculosis be developed. There must be a suitable soil for the reception of these bacilli. While it is doubtful if tuberculosis is truly hereditary, at least to any great extent, yet there is no doubt that a predisposition to the disease can be inherited. We believe this predisposition is greatly augmented by the intermarriage of tubercular persons, as the offspring from such marriages would present the conditions necessary for the successful development of the disease. And while we are aware such marriages cannot be forbidden by law, yet we believe if the laity understood these facts and if the profession would use its influence to discourage these unions, the number of such marriages would be greatly reduced.

With respect to the establishment of special hospitals for consumptives, your committee would call attention to the valuable lesson taught us by England. In 1890 there were 7,000 free beds in these consumptive hospitals. The growth of these institutions during the past forty years demonstrates that as the accommodations for the consumptive poor have increased, so in a relative proportion has there been a reduction in the rate of mortality. Dr. Detweiler at Falkenstein has treated 600 cases of consumption at his private sanitarium, with the result that there has been a decided and lasting gain in 81 per cent. It is hardly possible to estimate the protection afforded a community and the wealth added to the State by this isolation of the afflicted and cure of the diseased, as a result of the existence of these special hospitals.

In view of the fact that tuberculosis is a communicable disease; that it is the most prevalent of all diseases; that it causes more deaths than any other disease; and that it is preventable by simple and easily applied measures, your committee would recommend the following:

First. That a committee be appointed to prepare the MS. for circulars or pamphlets, with the view of having the same distributed among the people setting forth the facts that each person having consumption is a constant source of danger to others not thus afflicted; that the disease is curable; and, above all, that it is easily preventable.

Second. That the hospital authorities be urged to set apart certain wards for the exclusive use of consumptives; although your committee believes that special hospitals for this purpose are preferable.

Third. That physicians be especially requested to inform their consumptive patients of the necessity of thorough disinfection of the sputa, and of the methods by which this can be accomplished; and further, that they insist that the rooms once occupied by consumptives be thoroughly disinfected before they are again inhabited.

Fourth. And that this Society take such action as will best procure the enactment of a law whereby no milk can be offered for sale in this city until the cows from which said milk was taken have been tested and found to be free from tuberculosis.

Signed by the committee.

CHAS. H. STOWELL,
J. H. BRYAN,
E. A. BALLOCH.

Dr. McArdle offered the following amendment, which, by a vote of the Society, was ordered added to the above recommendations:

Furthermore, that the Health Officer of the District of Columbia shall be requested to formulate such regulations as will insure to all persons purchasing vaccine virus in this District, a guarantee that the animals whence such material has been obtained were treated with tuberculin and proven free from tuberculosis.

A valuable prescription for eczema, lichens, herpes, itch and other skin affections:

℞ Pineoline..... 2 ozs.

Sig.: Apply twice daily.

This prescription can be filled by any retail druggist in the United States.

"Cerebrine Again."

Under this head the editor of the *Therapeutic Gazette* reviews the subject of animal extracts and then refers to the composition of Cerebrine. He says: "We have just received a letter on the subject written by Prof. Albert B. Prescott, of the University of Michigan, at Ann Arbor, who is so well known to physicians and pharmacists through his work on the Committee of Revision of the United States Pharmacopœia, and to chemists because of his high rank in his chosen profession." The following is Dr. Prescott's letter:

"DEAR SIRS:—I have made a chemical examination of the 'cerebrine,' so called, of Dr. William A. Hammond, to the single end of determining the presence or absence of nitro-glycerin. I have made this examination (1) of the article furnished in the market as Dr. Hammond's 'cerebrine,' and (2) of the preparation made by me, according to Dr. Hammond's published directions, in process of completion.

"1. The article of 'cerebrine' of the market I obtained for analysis directly from Hegeman & Co., 196 Broadway, New York, on September 15, 1893, and on September 25, 1893. The article as I received it was contained in bottles holding five to six centimeters when full, and labeled 'Sterilized Solution of Cerebrine. Dose, 5 minims dropped on the tongue or hypodermically. Prepared by Columbia Chemical Company, 90 South Fifth Avenue, New York.' Diagonally across the face of the label is the red script 'William A. Hammond.' The contents of eight of these bottles were used in the chemical examination. I find that this article—the 'cerebrine' obtained from the market as above—contains nitro-glycerin. I reach this conclusion from the concurring evidence of the several chemical reactions of nitro-glycerin. Some of these reactions are clearly given by the cerebrine liquid just as it is taken from the bottle, and all of the reactions of nitro-glycerin are obtained after due procedure for its separation. When so separated the concentrated product gives the characteristic reactions of nitro-glycerin with vivid intensity; and I find that the concentrated product agrees with nitro-glycerin in its physiological effect, as a poison. The procedure for separation of nitro-glycerin from the 'cerebrine' is fully effectual, so that the remaining cerebrine liquid offers a negative response to all the qualitative tests for nitro-glycerin.

"2. The preparation of 'cerebrine,' by the directions published by Dr. Hammond, I placed in maceration on October 14, 1893. I have macerated the brain of the ox and the contained blood in a mixture of equal parts of absolute alcohol, glycerin, and a saturated solution of boric acid in water, with frequent agitation and strong pressure, five months and twenty days, and have then made chemical examination of a portion of the product. The product, at this period of maceration, perfectly agrees in appearance every way with the 'cerebrine' which I obtained from Messrs. Hegeman & Co. last September. But the 'cerebrine' of my preparation, under the directions published by Dr. Hammond, with the time of maceration just stated, does not contain a trace of nitro-glycerin. It fails to give the slightest reaction for ethereal nitrates of any sort, and the procedure for separation of nitro-glycerin in concentration yields nothing but negative results when subjected to all tests for this body.

"Yours, very truly,
"ALBERT B. PRESCOTT,
"*Professor of Organic Chemistry in the University of Michigan.*"

DENVER, COLO., April 11, 1894.

DIOS CHEMICAL CO., St. Louis.—I have been using "Sennine" for the last month in all of my surgical cases and have had such excellent results with it that I feel like adding my word of approval to those which you have already received.

I have used it in a large variety of cases, some of them have been of such a nature as to have put it to a very severe test, and in all of them it has given the very best of results. I have given almost all of the new antiseptics a trial but have never found any of them to be as serviceable as "Sennine." I have also found it a very valuable remedy in gonorrhea. C. B. LYMAN, M. D.,
Ass't Surg., U. P. System.

THERAPEUTIC NOTES.

We are pleased to note that Messrs. Wm. R. Warner & Co. have received a Silver Medal at the late International Medical Congress at Rome. While pleased, yet we are not surprised. If Mr. Warner would only give the Judges some of his little "Pink Persuaders" he could get two medals every time!

Taylor Brothers Company, of Rochester, N. Y., manufacture a clinical thermometer which is certified as to accuracy, and experience has demonstrated that it has no superior in any market in the world. They reject every imperfect thermometer, which adds much to the cost of production, hence makes its price higher than that charged for inferior instruments. If any physician wishes to obtain an accurate clinical thermometer, he can do so by purchasing a Taylor certified instrument.—*Buffalo Medical and Surgical Journal.*

"As an all-around excellent stimulator of elimination, tongaline (liq. tong. salicylat—Mellier) is indicated. Pains which are present are well met by the salicylic acid contained in the compound and which is of the best form, being made from the oil of wintergreen. The pilocarpin, cimicifuga and colchicin which it contains are all stimulators of elimination. I usually administer from a teaspoonful to a tablespoonful at bedtime and oftener if necessary in order to clear out the bowels thoroughly."—*Dr. I. N. Love.*

In the treatment of Nervous Diseases and General Debility, McArthur's Syrup Hypophosphites demonstrates its restorative powers. Here it is not the stimulating action of the remedies usually classed as tonics that is needed. The organic powers of the system are already taxed to their utmost ability to carry on the physiological processes of life. The Hypophosphites of lime and soda give the much-needed effect in these conditions—not that of a stimulant by irritation, but that of a true nutriment to the starving tissues. Its tonic effects are permanent as they are the effects of a richer blood supply, bringing healthy food and oxygen to the tissues. Thus the patient is gradually brought up to his normal condition.

Recent Uses of Phenacetine.

In the treatment of typhoid fever Dr. R. C. Newton (*Gaillard's Medical Journal*, January, 1894) states that he has good results in restless patients from the administration of five grains of Dover's powder and five grains of Phenacetine. Cases of local fevers in which cold baths are not well borne are treated by Dr. W. C. Duke (*Memphis Medical Monthly*, January, 1894) by ten-grain doses of Phenacetine, which will usually control the fever for several hours, when the dose may be repeated if necessary. This author regards the remedy as the best of the coal-tar preparations. In acute rheumatism Dr. Hodges (*North Carolina Medical Journal*) has derived good results from the following prescription; Salol. gr. 3, Phenacetine gr. 3, Cocaine gr. ⅙. Make one capsule. According to Dr. John E. Weaver (*Medical Record*) toothache is frequently relieved by the following treatment: Give ten grains of subcarbonate of soda and ten grains of Phenacetine at once and a similar dose before each of the three following meals, with a laxative if needed, and stop all fruit for a few days. He finds also that the same powder every two hours and cessation of fruit eating will stop persistent tormenting neuralgias. In the constitutional treatment of puerperal sepsis in the early stages Dr. R. R. Kime (*Atlantic Medical and Surgical Journal*) has employed with advantage: Calomel trit. (1 in 4) gr. 10; Phenacetine gr. 10, Quinine ʒjss. Divide into ten powders. One every four hours, combined with moderate use of salines. Phenacetine in combination with Salolmor Caffeine Citrate is a great favorite with Dr. N. Wiest (*Medical Fortnightly*) in cases of sick headache connected with the uric acid diathesis; while Dr. J. G. Tomkins (*California Medical Journal*) has never failed to relieve typical migraine with a mixture consisting of Phenacetine, gelseminum and syr. rhei et potassii.

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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

A Reaction Must Come.

Any one who attended the sessions of the Gynecological Society recently held in this city could not have failed to notice how well attended the sessions were whenever any surgical subject was under consideration; but just as soon as a subject was brought up which could not be well considered a surgical one, there were but few in attendance. At the conclusion of a surgical paper during one of the sessions, at least thirty-five members left the room, although the paper following was one of greatest importance to every practicing physician. We would be almost justified in concluding from what was observed at this time that the gynecologist considered nothing of interest that did not necessitate the use of the knife. But a reaction from this is sure to come. In fact it is already being led by such men as Goodell, Lusk and Polk. These men declare that the use of the knife has gone too far. Dr. Goodell has recently said that he is now curing a great many cases without surgical interference which he formerly supposed could not be remedied without most radical measures. We are glad to notice this conservative tendency in all of our exchanges; and we do not believe members of the profession will witness many more such scenes as those to which we first alluded.

Membranous Croup and Diphtheria.

In view of the fact that the question has been so recently discussed in this city whether membranous croup and diphtheria are identical, an article in *The Journal* for May 26 on this subject will be found of special interest. The author, Dr. F. C. Woodburn of Indianapolis, says that considerable time must yet elapse before a positive answer can be given to this question. The author notes that there are two separate and distinct forms of diphtheria: a true diphtheria, having for its cause the Klebs-Löffler bacillus, and the pseudo-diphtheria, in which streptococci and other cocci are the etiological factors. He says that Dr. Prudden of New York publishes an account of his investigations in twenty-four cases of diphtheria, a majority of them occurring as a complication or sequel to scarlet fever, and in none of them was he able to demonstrate the presence of the Klebs-Löffler bacillus. Dr. Park of New York shows that when the specific organism is present the mortality is about thirty-four per cent, while when this is absent and only the streptococci present the mortality is about four per cent. It is also true that genuine diphtheria is a highly contagious disease, while pseudo-diphtheria is not. But right here comes the interesting question that while many writers of authority claim that mem-

branous croup is produced by the Klebs-Löffler bacillus, yet we know clinically it is not a contagious disease. After discussing the clinical features of membranous croup, the author concludes that there are two forms of this disease, the same as of diphtheria. One is a true diphtheria and the other a non-contagious membranous laryngitis; and that both of these types are very fatal. He also concludes that membranous croup, as we have heretofore understood it, is a disease of much less frequency than was formerly supposed. He also adds, as it is impracticable to make a bacteriological examination of the membrane, and as this is the only method by which positive diagnosis can be made, it follows that the physician should take the same precautionary measures to prevent a possible spread of the disease as would be adopted in a case known to be diphtheria.

The Local Profession and the Congress. A study of the program of the recent Congress of American Physicians and Surgeons shows that the following members of the local profession took active part in the various sections:

In the Ophthalmological section, Dr. Swan M. Burnett and Dr. W. H. Wilmer; in the Orthopedic section, Dr Jas. Kerr; in the Pediatric section, two papers by Dr. G. N. Acker; in the Anatomical section, Drs. D. K. Shute, Wm. P. Carr and D. S. Lamb; on the Executive Committee are the names of Drs. S. C. Busey, J. H. Bryan, W. W. Johnston and R. W. Shufeldt; on the Committee of Arrangements we find Dr. S. S. Adams as chairman, and Drs. S. O. Richey, J. Irving Rosse, Jos. Taber Johnson, T. Morris Murray, W. W. Johnston and D. W. Prentiss.

In conversing with a number of the members of the Congress from outside our city the unanimous opinion was expressed that this was a most successful Congress and that all the details were worked out with a precision which denoted the highest executive ability on the part of the Committee of Arrangements. We rarely hear of a large meeting of this kind held in any city where there is not more or less complaint found with the arrangements. But we believe our visiting friends were united in declaring that Washington is blest in having unusually capable persons to whom all such matters can be committed with perfect confidence.

Local Anesthesia. The same number of the journal to which we have just referred contains a most interesting article on local anesthesia produced by intracutaneous injections. The author gives his method of producing local anesthesia by injections of solutions which have not any of those properties which are generally recognized as of an anesthetic nature. He employs solutions of common salt with as much success as when cocaine is used. The author says he has so far operated upon 521 patients painlessly and without a sign of danger. Among these he mentions such operations as nephrotomy, herniotomy, amputations of the mammæ, removing glands from the axilla, and laparotomies.

No More Saluting With the Lips. The *Journal* tells us that the Sanitary Committee of the Orange, N. J., Board of Health has recommended that a circular be issued to the people urging every one to desist as much as possible from kissing. The committee declare that men are simply inviting their own destruction by this osculatory process. The committee further sets forth how it is possible that the parties who are thus greeted might have disease germs in their throat and thus communicate them.

We suggest to the *Journal* that it procure a composite picture of this committee. It would have an extensive sale, especially among the young people. This committee will doubtless receive the thanks of the long-suffering young people of both sexes who have so earnestly desired that this method of salutation be relegated to its proper place among the horrors of the Inquisition, and who, at the same time, have not heretofore seen any avenue whereby they might escape! As the office of the physician is decorated with pictures of Jenner, Koch, Virchow and like men, so now may we expect to find the rooms of our young people decorated with the pictures of this osculatory committee! In the name of the young people of the city of Washington we hereby extend our profound gratitude to said committee who have brought relief in this hour of dire distress!

Death from Boxing the Ears.

An exchange informs us of the death of a German soldier as a result of a severe boxing on the ears, given by an officer. When this method of the use of the hands becomes necessary we would recommend as a much safer procedure the application of the remedy to the other extremity of the anatomy, after the good old fashion of our forefathers. An early clinical experience of this method of treatment warrants us in stating that it is most prompt in taking effect, and that the only fatal result following it is a death to obstinateness.

The Cramps.

We are told that the novelist, Mrs. Humphry Ward, has "writer's cramp." There are various kinds of cramps, but we know of none more serious than the "reader's cramp" which follows the perusal of the products of those who have the former affliction.

The Red Parasol.

From the same journal we learn that the fashionable "fad" of the red parasol is now defended on the scientific ground that it is an efficient freckle preventive. The actinic rays of the sun, which it is claimed are the cause of the pigmentation, are intercepted in passing through a red medium. Of course it must be true there is some scientific reason why it is fashionable to have a red parasol. However, it is probable the delicate tints which a gayly colored covering would cast over the fascinating but freckled maiden, would have the same effect on the freckles that darkness has on the color of the hair, namely, everything looks alike. To meet one of these parasols in the glare of the afternoon sun is like looking at the orb of day itself. As it is necessary to look through smoked glass in order to see any spots on the sun, so is it impossible to see any freckled details when glaring at this radiant vision.

Sand

The *Medical Record* says that the latest popular therapeutic craze is the use of sand—common, everyday sand—for dyspepsia. While we have never heard sand recommended for this disease, yet we know it is one of the best ingredients of a man's nature. If he has plenty of sand he will not mind any ordinary attack of dyspepsia; therefore we go the *Record* one better and claim that sand is not only a curative, but also a preventive. It is hard to master the man who has plenty of sand.

Football Casualties.

In a reprint by Dr. R. A. Foster of this city we learn that during 1893 there were 144 injuries from football in this country. Of these there were eight deaths, six fractures of the leg and five serious injuries. Dr. Foster says that in

England the rule is, "if you can't kick the ball kick the man," but in the United States it is, "if you can't kick the man kick the ball." Dr. Foster says that Professor Norton of Harvard College declares the game only fit for barbarians, while the Washington *Post* contends that scientific prize fighting is a much milder pastime. He says the game is a demoralizing spectacle, being, as a rule, characterized by profane utterances, angry discussions, pugilistic encounters and brutality.

"Served Him Right."

Under this heading the editor of the *Charlotte Medical Journal* says that a prominent physician of Chattanooga was recently expelled from the local medical society for publicly indorsing the Keeley cure. Now what would the editor of this journal say for himself if he should be expelled from a medical society for carrying an advertisement of the Amick Chemical Company? If we were obliged to choose between the Amick Chemical Company, and the Keeely cure we would accept the latter without hesitation. The editor should have examined his own advertising columns more carefully before writing this editorial on "Served Him Right," because there is such a grand opportunity for this "prominent physician" to turn the tables on his accusers, and point to this ad., which is declared to have been "tested, indorsed, and adopted by the medical profession of all schools as the only successful treatment for pulmonary disease"!

Twin Cities.

Dr. Lanphear, who has, by the way, recently moved to St. Louis, is acknowledged as an authority on surgical matters, yet we are afraid he cannot be called such on geographical ones. In speaking of the medical journal recently started by Dr. Gee of Rochester, under the plea that the medical profession of that city has no medium in which to present reports of the work of its local men, he says: "One is at a loss to understand why the *Buffalo Medical and Surgical Journal* (one of the best medical journals in America) should not be regarded as a representative of this section." If Dr. Lanphear will undertake, some day in August, during his summer vacation, to walk from the local profession of Buffalo to the local profession in Rochester he will find the cities are not closely enough connected to be called twins.

Brain Symptoms from Menthol.

A case is recently reported where a patient suffered from hallucinations and her mind was otherwise affected as a result of spraying into the nose a solution of menthol, just before singing. This is the first case of the kind that has ever come to our knowledge, although we believe it is not so very rare to find cases where cocaine is thus used, but without the attending ill effects. The leading tenor of an opera troupe recently in this city informed us that for six years he had sprayed a two per cent solution of cocaine into his nose a few moments before going on the stage to sing. He had not been obliged to increase the strength of the solution, neither had he found the slightest unpleasant effects from its use. He had consulted a number of specialists to ascertain if it was possible for any operation to be performed which would have the same effect as the use of this cocaine, for he desired to be relieved from the annoyance incidental to it. But each one had informed him that they saw no obstruction or malformation of any kind. The simple fact was that he knew and his hearers knew that he sang better after this use of the drug.

Let Us All Vote for Him.

We are in politics just enough to wish we could transport the whole profession of this city to Illinois long enough to cast their votes for Dr. J. B. Hamilton for Congress. When Dr. Hamilton again takes up his residence with us in the capacity of a Congressman we can assure him that he will be at once surrounded by a number of friends who will be ready to give him sound advice concerning his duty in the matter of procuring proper legislation for the protection of the people of this city from mountebanks. Dr. Hamilton, from his long residence with us, already knows how urgent is our need in this particular, and we shall look to him as the one who is to bring us relief.

Women to the Front.

The *Woman's Medical Journal* comes to the front either through the medium of its own editorials or those of its contributors. In a recent article a writer gives her advice how the physician must do business. She says, "the doctor in active practice must have push and audacity." When he goes to church or to the theater he must carry restoratives for a sudden case of asphyxia. He must diagnose his case quickly, and quickly apply the remedy. Commenting on the article the editor of the *Medical Record* says: "There is a 'breeziness' and 'go' about this that is refreshing to the point of taking one's breath away. It must have been quite such a type of doctor who went to the theater in this city a few months ago. It was a somewhat mixed performance, and after one of the acts the curtain was rung up and the leading comedian came to the front of the stage. He looked very anxious and worried and in a distressed voice asked if there was a physician in the audience. Immediately up jumped one of the Louisville lady's models and said, 'I am a physician.' 'All right,' said the comedian, 'don't go away till I get through with this song.' The too alert practitioner sat down."

The Cup that Cheers.

We cannot vouch for the absolute truth of the statement, but it is currently reported that the morning after the banquet of the American Congress at the Arlington there was scarcely a room in the house which did not contain "the cup that cheers." It was in this case a wooden cup; it rested closely over the top of a bottle, and it was covered with a label to the effect that "this cup holds one dose of bromo-soda." It is the cup that cheers *after* a banquet, and every doctor who had enjoyed the exercises of the previous evening knew it. The laity could not understand how the doctors could all be so prompt at the morning meeting after such a night of it, but the doctors did not worry, for they knew they had a specific at hand. And Chears (Henry R.) did it.

Pure Drinking Water.

The *Evening Star* of this city for June 2 contained an article on Wells and Water which is of great interest not only to the profession but also to all the residents of the city. It is a report of the results of recent examinations of water from many of the wells. The Surgeon-General together with Drs. W. M. Mew and Theobald Smith made a very complete report which is at once both surprising and satisfactory. Of thirty wells examined, eight are condemned as bad and the committee recommend that they be closed permanently. Of the twenty-two remaining wells fourteen are reported as suspicious or doubtful. The committee recommend that these wells be thoroughly overhauled and cleaned, after which the water should be again examined. The water from the

Franklin Park spring as obtained at the two hydrants on the north and south sides of Thirteenth Street and New York Avenue N. W., is reported as in very good condition. The Sanitary League recommend that some measures be taken to prevent the wasting of this pure water; and they recommend also that the use of this water be extended as much as possible. In speaking of the Potomac water the report says that while the water of the Potomac River, from which we obtain our supply, is superior to that supplied to most other cities in this country when it is clear, yet when in a condition of extreme turbidity, as it often is, it proves to be extremely bad, worse even than a majority of the wells above referred to.

Legality of Fee Bills.

We have often remarked that fee bills are not a necessity to any body of medical men. A physician should be allowed to charge what he thinks his services are worth. If he rates them too high his patrons will soon find it out; while if he puts them too low he alone will be the loser. However, the courts of the State of Kansas have recently decided that if a physician, who is a member of any association having a fee bill, should sue for services he would not only lose his bill but would also be liable to fine or imprisonment, or both. The courts have construed this "fee bill" to be in the nature of a trust or combination, and as such is illegal.

If Consumption is Contagious.

If consumption be declared contagious, as we believe it is, one would think the following law should be modified:

"If a man has contagious disease in his house and fails to give due notice thereof, or allows people to come into his house without sufficient warning, or in any avoidable way exposes the public to contagion on his own premises, he is liable to indictment at the common law." (Meeker *vs.* Van Rensselaer, 15 Wend., 397; State *vs.* Purse, 4 McCord, 472; People *vs.* Townsend, 3 Hill, N. Y., 479; Welch *vs.* Stowell, 2 Dong., Mich., 332; Moffett *vs.* Brewer, 1 Greene, Iowa, 348; Barclay *vs.* Commonwealth, 1 Casey, 503.)

The Popular Science Monthly for July. This number contains many articles of interest to physicians. There is a very interesting communication on Lady Montague and Modern Bacteriology. This woman was the one who first introduced inoculation for smallpox in England. She first inoculated her own children and then recommended the practice of it to her fellow-citizens. Another interesting article is on Acquired Facial Expression. The central idea of this article is that if a set of muscles be stimulated over a course of years these muscles will assert themselves over the others, and thus a permanent expression in accordance with the mental character. Other articles of interest are Latitude and Vertebræ; Studies of Childhood; and Savagery and Survivals.

The Forum for July. This is specially an educational number which deals with many problems in education that touch the very base of our system of training. One article, by Martha Foote Crow of the University of Chicago, is of special interest. As a result of a series of inquiries from the alumnæ of various colleges she discusses the question, Will Women Who Attend Co-Educational Colleges Send Their Children, Especially Their Daughters, to These Colleges? This number also discusses the Ideal Training of an American Boy.

LOCAL PERSONALS.

Dr. Robert Reyburn contributes an article to the *Maryland Medical Journal* for June 2 on Easy Methods of Carrying Out the Principles of Aseptic Surgery.

At a meeting of the Medical Society for May 9, Dr. I. W. Blackburn presented a specimen of secondary cancer of the liver. The liver weighed 16 pounds and 8 ounces.

Dr. E. F. King mentioned a similar case which he had seen at the Johns Hopkins Hospital. The liver weighed 29 pounds.

At the meeting of the Medical Society for May 16, Dr. E. F. King reported a case of Melano-Sarcoma of the Œsophagus, with specimen.

Dr. W. P. Carr presented a specimen of large pus tubes which were of interest because several physicians had mistaken them for fibroid tumors.

At a meeting of the Medical Society for May 23, Dr. Joseph Taber Johnson reported a case of the removal of a forty-pound tumor of the kidney, with specimen. The patient made a complete recovery.

At the same meeting Dr. H. D. Fry reported a case of ectopic pregnancy, with specimen; also a case of malignant cyst of the intestines; and a case of pus tubes and ovarian abscess.

At a meeting of the Medical Society for March 28, Dr. D. W. Prentiss reported a case of poisoning by hydrofluoric acid. Dr. Prentiss described how the accident happened and exhibited the patient. Dr. B. G. Pool also reported a similar case which he had only a short time before.

At the same meeting Dr. Joseph Taber Johnson reported a case of hysterectomy for fibroids. Four-fifths of the tumor's growth occurred in the last two years. The patient made a good recovery.

The complete discussions of the report of the committee on the restriction and prevention of tuberculosis, together with the paper by Dr. Compton, appear in the July number of *Food*.

Drs. McLain, S. O. Richey, G. Wythe Cook, J. H. M. McCormick and William C. Woodward are a committee to formulate a Medical Practice Act.

Drs. Kleinschmidt, Adams and Woodward have been appointed to consider a bill drawn by the Commissioners to regulate the milk supply and secure pure milk.

At a meeting of the Medical Society for June 6, Dr. E. F. King presented a case of cancer of the liver weighing 29¼ pounds.

Dr. W. K. Butler presented a specimen of large Aural Polypus at the same meeting.

At the same meeting Dr. S. S. Adams presented a case of tuberculosis of the lung from an infant four months old who had died of inanition. The case brings up the question of heredity.

Dr. Joseph Taber Johnson says he is afraid that the positions taken by Drs. Polk, Goodell and others, on the conservative surgery of the female pelvic organs, will deter many from submitting to operation who really need such treatment.

The four recommendations of the report of the Committee on the Prevention of Consumption were agreed to at a meeting of the Medical Society for June 6. On motion of Dr. Kleinschmidt the amendment of Dr. McArdle was omitted from the report, and then the report, as amended, was adopted.

Each member of the Medical Society is entitled to a copy of the transactions of the seventy-fifth anniversary. These are now in the hands of the librarian, Dr. E. L. Morgan, from whom the copies can be procured.

We have just purchased a new Densmore type-writer, a perfect model for a type-writing machine. We have used some form of tppe-writers for many years, and declare we could not do business without these helps.

THE PROGRESS OF MEDICINE.

The Treatment of Appendicitis.

At the meeting of the Medical Society of this city for March 19, Dr. D. W. Prentiss presented three cases of appendicitis with specimens.

Dr. Prentiss desired to make known his position and reported the three cases because they were illustrative of the disease which he thought was looked upon differently by the surgeon and the physician. Nearly all the surgeons advocated operation, which he thought was carrying it too far, believing it should be treated, and that no iron-bound rule of operating upon every case could be made. The operation is simple and slight in cases where you can wait for the limiting inflammation. The tendency is to disregard the power of nature to cure the disease. It is dangerous to open the peritoneum because we have an infectious disease which will set up general (infectious) peritonitis. Dr. Prentiss referred to a report of a case in the last *Journal of the American Medical Association*, and read extracts therefrom. To say that we must operate upon every case where we make the diagnosis is an incorrect principle. He then read further extracts, from which he said it is evident that it is not necessary to operate in all cases. He has had two cases in the last year that recovered without such treatment.

DISCUSSION BY DR. J. FORD THOMPSON.

Dr. Thompson wanted to state in the beginning that he desired to put himself straight upon some statements which he had made when discussing Dr. Van Rensselaer's paper which were seemingly misunderstood. He took issue with him because he made the point that all cases should be operated upon. There are cases of salpingitis and appendicitis that are catarrhal in their character and are never surgical at all. An ordinary case of catarrhal appendicitis without obstruction should not be operated upon. An operation should be performed in every case of appendicitis where marked symptoms are evident. Never in his whole experience has he ever operated upon a case of appendicitis where he did not find pus or foreign bodies. The most striking symptoms are presented within the first forty-eight hours and then begin to subside. The time to operate is not to wait until the abscess works itself into a favorable position. It is only the few and favorable cases that point themselves forward. Case after case has been operated upon within the first six hours or twenty-four hours and all recovered.

DISCUSSION BY DR. T. E. M'ARDLE.

Dr. McArdle said he contended that it is utterly impossible to lay down a rule for the treatment of appendicitis. Dr. Richardson of Harvard in a summary of 150 cases, operated upon 88, of which 58 survived and 30 died. Dr. Richardson says it is impossible for him to lay down a rule for operating. He says forty-eight hours may be too late. Dr. Thompson would make us believe that if all cases were operated upon within twenty-four hours all of them might be saved. In some cases where perforation has taken place within twenty-four hours all the surgeons in the world could not save them.

DISCUSSION BY DR. JAMES KERR.

Dr. Kerr was much astonished at Dr. Prentiss's statements the other evening when he attempted to instruct this Society from three cases. (Dr. Prentiss said he only used these three cases as a test.) Dr. Kerr continued by saying that there are two distinct classes of cases. First. Localized abscess-limiting inflammatory process with circumscribed pus; these can be operated upon and get well. Second. Where the peritoneal cavity has been invaded by an infectious pus due to a perforation; in which class of cases the only hope is to operate early, before septic peritonitis has occurred, if possible. It is of the greatest importance that the condition should be recognized. As to the time to operate there is no fixed law. There is no demand for operative interference in certain classes of cases. He has seen eight cases within twelve months get well without operation, there being no acute symptoms demanding operation. It is always too late to operate when the general peri-

toneal cavity is infected owing to a perforation. One statement of Dr. Prentiss's particularly surprised him, viz: That two of his cases died because of the operation. He did not believe the operation was the cause of the deaths. He had refused to operate in three cases of suppurative peritonitis, from a perforation, recently, because they had gone beyond all hope of recovery with or without an operation. He is at sea, in certain cases, whether to operate or not.

DISCUSSION BY DR. JOHN VAN RENSSELAER.

Dr. Van Rensselaer said he thought all the arguments of the evening point to an early operation when the symptoms are sufficient to diagnosticate the trouble. If seen in early stage the operation is not a formidable one—it being that of an exploratory laparotomy. When a circumscribed abscess has formed great care should be taken not to break up the abscess. If there was any group of symptoms which would point out the severity of the case it would help us very much.

DISCUSSION BY DR. S. C. BUSEY.

Dr. Busey said he had listened very attentively to the discussion of this subject and had received much profit therefrom. He would submit his views with such comments as he thought desirable.

1. Cases recover without operation. He thought this proposition was admitted by all.

2. Cases die after operation. This proposition all would admit without charging such deaths to the operation.

3. Cases die without operation.

4. Cases are saved by operation. Even those who favor letting nature take her course must admit this proposition.

5. More operable cases are saved by early than by late operation. Most will admit this proposition, but there are a few who will deny it.

6. There is no fixed day or hour of the disease for operation. The consensus of opinion of operators will support this proposition.

7. The time of operation after the diagnosis must be determined by existing conditions. He did not think it possible for any one. to state positively at the time the diagnosis of appendicitis is made that every case demanded an immediate operation.

8. Operable cases die without operation. He had seen this demonstrated more than once, where judgment seemed to warrant delay.

He felt justified in offering the following conclusions:

1. The management of each case is determined by the diagnosis and the judgment of the attending physician and surgeon.

2. The diagnosis in many cases is obscure before detection of the tumor or fluctuation.

3. The operation is justifiable in some cases before the detection of fluctuation.

4. The operation is justifiable in some cases before the detection of a tumor.

5. The operation is justifiable after the rupture of the pus sac, general peritonitis, with threatened or existing collapse.

6. The physician is as competent as the surgeon to make the diagnosis.

7. Recovery without operation must, therefore, be conceded, the opinion of surgeons to the contrary notwithstanding.

He thought the rational treatment consisted in absolute rest, the relief of pain, and rigid diet. Particularly in those cases considered not operable, milk should be excluded as it tended to form masses in the small intestines and cause fermentation, increasing pain and tympanites, which required increased medication for their relief. He would recommend concentrated, strained, animal broths.

DISCUSSION BY DR. J. W. CHAPPELL.

Dr. Chappell said he had been much interested in the discussion of this subject ever since it began, especially as he had a patient ill with appendicitis during the entire time—now entering the third week. Shortly after his little patient (a boy of twelve years) was taken ill, he informed the parents that in the city, where surgical aid could be readily obtained, it would be well to consider the advisability of operating; but as it was inconvenient and expensive (the father of the boy was a poor man) to get a surgeon to come into the country,

and as the operation was a difficult and dangerous one, in his judgment, we might as well treat the case medicinally and trust to the boy's getting well without an operation. At times since then, when the patient was suffering severely and the symptoms were alarming, and after listening to the discussion of the subject in this Society, by the surgeons who advise an operation in all cases of severity, he had felt like censuring himself for not having insisted on an operation at first. But his patient still lives, and is better now than he has been at any time since his illness began, and he now believes he is going to get well. He had Dr. B. G. Pool to see the case with him, one week after the trouble began and twice since, and each time he did not think it best to operate, but advised a continuation of the treatment adopted. However, he believes an operation now much more promising of good results than it would have been at any time during the height of the disease, except possibly the first 24 or 36 hours. He said he did not feel prepared to discuss the subject of appendicitis in all its bearings, but that afternoon while he was looking over the cases reported by Dr. J. B. Murphy to the Pan-American Medical Congress and referred to by Dr. J. Ford Thompson at the last meeting of this Society, he drew some conclusions from the statistics furnished by him which he thought would not be uninteresting to give. Dr. Murphy states that it is estimated upon good authority that from 27 to 30 per cent of all cases of appendicitis (when treated medicinally) die; and that 50 per cent of the mortality occurs before the 6th day. Necessarily, then, the mortality of all cases treated medicinally before the 6th day must be from 13½ to 15 per cent. He reports 145 cases, with a mortality of 19. (He says 141 cases, with a mortality of 16; but by actual count he found them as stated.) He finds that 50 cases were operated on before the 6th day, and of these 8 died, which gives a mortality of 16 per cent, from 1 to 2½ per cent greater than that of all cases treated medicinally during the same time. It is true that many of Dr. Murphy's cases occurred in the practice of other physicians, and he may have had only the worst, but as he declares that he operated on all cases, we are justified in our conclusions. There were 69 cases operated on after the 6th day, and of these 11 died, which gives a mortality of a fraction less than 16 per cent. As the statistics of those remaining ill on the 6th day are not given, he thinks it fair to assume that many cases get well before that time, and consequently the percentage of death among those remaining ill and treated medicinally only must be much greater than 13½ or 15 per cent, no doubt not less than 27 or 30 per cent. This shows that while from 27 to 30 per cent of those ill on the 6th day die, when treated medicinally, the surgeon loses only about 16 per cent. He does not mean to infer that the surgeon should always wait until after the 6th day to operate; but as it is impossible to separate the severe and lingering cases from those likely to get well, he thinks that facts go far to show that he is justified, in the majority of cases, in waiting until the 6th day or after to operate. There is little doubt in his mind that, unless the operation is performed in the first 24 or 36 hours, the surgeon should wait until the intense and active inflammation has subsided. He says he must not fail to state, however, that the above percentages are based on 119 cases, as the time of the operation was not given in the remaining 26, and as all these recovered, the death rate in one or both instances may be less than that he has given; and to this extent he will admit the possibility of error in his conclusions. He says the cases reported by Dr. Murphy are worthy of separate and careful study, and that they will thus, no doubt, derive far greater benefit than they would from any facts derived from statistics, which are misleading at best. There was a death from an operation performed on the second day, as well as a death from an operation performed at the end of the third week, but there was a recovery from an operation, notwithstanding the patient had had 24 attacks similar to, but less severe, than the one for which the operation was performed. In many cases the operation was simply a lateral incision into the abscess cavity with drainage, the appendix not be-

ing removed and the peritoneum not being opened. In conclusion, he wished to call attention to the statement made by Dr. Murphy that he lost only 7 cases in the first 100 operated on. He failed, however, to state that in the subsequent 45 cases there were 12 deaths, which gives a mortality of 26⅔ per cent—nearly as great as the mortality of all cases treated medicinally; and he said he might add that possibly before the second 100 cases will have been operated on the death rate may be found to be even greater than this.

DISCUSSION BY DR. E. A. BALLOCH.

Dr. Balloch said he had been struck by the conciseness yet completeness of Dr Busey's propositions. They covered the entire ground and few of them were open to discussion. He thought, however, that especial emphasis should be placed on one of Dr. Busey's statements, and that one was that the time for operation should be determined by the physician *and* the surgeon. He was sorry to see any tendency to array them against each other. Appendicitis is a disease which belongs to both, and that from the very beginning. As soon as the physician has made the diagnosis of appendicitis let him call in the surgeon, and let them watch the case together. If this be done there will, in nine cases out of ten, be no disagreement, either as to the necessity or the proper time for operation. If both be competent and intelligent they cannot help agreeing. The usual course is for the physician to conduct the case until he sees that matters are becoming serious, when he summons the surgeon to his aid. Often the favorable moment for successful operation has passed. He would say again that instead of antagonism there should be the utmost harmony between the physician and the surgeon in this disease. Another matter to which he desired to call attention was this: that in many cases of appendicitis which seem too serious there will be a sudden fall in pulse and temperature which, often, instead of indicating a change for the better is premonitory of perforation, and in place of a speedy convalescence we shall have collapse and death.

GENERAL DISCUSSION.

Dr. Mayfield said that Dr. Chappell had fallen into the error of calling cases recoveries without recognizing the constant jeopardy to life of such recurrences.

Dr. J. Ford Thompson said that Murphy's own mortality was only 9 per cent, while he had only lost 7 out of his first 100 operations. The 13 per cent which Murphy gives includes the operations of three other operators. Dr. Busey takes some things for granted. He would operate if there were peritonitis if he thought it would give the patient a chance, but he would decline if he thought he would die on the table or from the shock of the operation. He did not doubt the ability of physicians to diagnosticate this disease; but he also claimed that they usually waited too long before they called in the surgeon. He then asked the Secretary to read a letter from Dr. Richardson of Boston, relative to some inaccuracies in his paper. Dr. Richardson said that the more he operated the farther he got from the exact time to operate.

Dr. Kerr said that when he refused to operate it was because he did not see that any relief could come from an operation. He had recently refused to operate upon three cases which died within six hours thereafter. He never refused to operate when there was any hope of improvement; but he did object to assuming the responsibility of an operation when he believed the patient to be beyond surgical aid. Those cases of peritonitis which were benefited by washing out the peritoneal cavity were not septic in their nature. Dr. Busey's general conclusions were acceptable. He then referred to a paper on peritonitis by Treves. He thought most of the knowledge of this subject had been derived from the surgeon, and that Dr. Busey's strictures on surgeons were unjust.

Dr. Busey said that he had disclaimed any personality in the beginning, but desired to combat the idea that all the credit in this field is due to the surgeon and that the physician is compelled to call him in to make the diagnosis. He did not intend to sit still and hear the

ability of the physician reflected on in this or any other field. In reply to Dr. Kerr's statement that all we knew about this disease was derived from the surgeon, he would say that more had been learned from the elaborate publications of Fitz, a physician, than from any other.

Dr. J. T. Sothoron gave the details of an interesting case which he had treated for recurrent attacks of appendicitis, when the patient unexpectedly passed a tape-worm.

Dr. Prentiss, in closing the discussion, said he had come prepared to answer certain arguments that had been made, but it was not necessary as the debate had swung around in a circle until the views expressed to-night corresponded with his. The opinions of the gentlemen had undergone a radical change during the past week. He would stand by the position which he had previously taken:

1. The great responsibility rests on the physician and surgeon in deciding if an operation is necessary, and when to operate.

2. That the rule to operate in every case as soon as a diagnosis is made is a vicious and dangerous one.

Treatment of Alopecia Areata.

At the meeting of the Medical Society for April 18, Dr. James C. McGuire read a paper on the Treatment of Alopecia Areata.

DISCUSSION BY DR. T. N. M'LAUGHLIN.

Dr. McLaughlin said that laws had been enacted in Germany and France requiring hotel keepers, barbers and others to disinfect brushes and toilet articles intended for public use, to prevent the propagation of this disease, upon the theory that it was due to a germ or local cause. White of Boston had traced a number of cases to the same barber shop and thought it was due in this instance to the machine used in cutting hair. Dr. McL. thought some cases were undoubtedly of neuropathic origin. As to treatment, faradization, corrosive sublimate, chrysorobin, iodine and tincture of cantharides will prove beneficial in some cases. Systematic treatment is of the greatest importance. As it frequently occurs in the anæmic, general supportive measures are beneficial.

GENERAL DISCUSSION.

Dr. Friederich said he had seen numerous cases treated in Vienna and Berlin by different methods, but thought that time would do more than anything else. He would indorse both the general and local treatment outlined by the previous speakers.

Dr. McArdle gave the history of a young lady, aged 24, anæmic and neurotic, with thick black hair and eyebrows. Suddenly the right eyebrow dropped off. Upon general systemic and local treatment the hair soon returned.

The President asked if Dr. McGuire had ever seen a case of congenital absence of the eyebrows? Dr. McGuire replied that he had not seen such a case.

Dr. Lovejoy said that he had a case which he believed was due to parasites, which promptly yielded to a solution of bichloride of mercury, followed by a mixture of vin. cantharid. et alcoholis. This young lady had numerous circular plaques, with the scalp smooth, white and shiny.

Dr. Adams asked if there was any explanation for its occurring in circles. Dr. McGuire replied that he knew no explanation, but that it might occur in other forms. He had never seen it confined to the eyebrows and thought such cases very rare. He thought the parasitic nature questionable when they were cured so rapidly. He thought it was probably of syphilitic origin where the bichloride acted so rapidly.

Dr. Lovejoy said Wilson's rivulet variety would indicate that it followed the branch of a nerve.

Sulphuric Acid Paste in Treatment of Epithelioma of the Face.

At the meeting of the Medical Society of this city for the same date, Dr. E. Oliver Belt read a paper entitled Sulphuric Acid Paste in the Treatment of Epithelioma of the Face.

Dr. Belt recommends the use of a paste composed of sulphuric acid and charcoal made from saffron, in about equal quantities by weight.

Dr. Belt says that if properly made with flowers of saffron, which makes the finest kind of carbon, it becomes a tenacious paste that will stick to a raw surface and become a part of the slough or dry scab, when slough and paste come off together, leaving a newly-healed surface, which delights the heart of the surgeon. It is a first-rate application, which every one should know about.

If the application is limited to the diseased tissue, it is not very painful unless the new growth is extensive. A few applications usually suffice, when a dry scab is formed, which peels off somewhat like a vaccination crust, leaving only a slight scar.

DISCUSSION.

Dr. McGuire said many cases of epithelioma of the face are better treated by caustics than by the knife. Robinson, in his work on the treatment of epithelioma, says cauterization is the best treatment, and this opinion is born out by dermatologists. In epithelioma of the lip he had had favorable results from caustic potassium, but they were only temporary, as he believed at least 50 per cent would return under any treatment. On the cheek and nose, Robinson prefers arsenious acid, followed by a soothing ointment. Cancerous germs extend beyond the surface and strong caustics strike deeper than the knife. Another excellent remedy is pyrogallic acid—1 drachm to the ounce—but some skins cannot stand it. He had seen its irritating effects more than once.

Dr. McCormick thought the best results were to be obtained from the combined treatment of curetting, cauterizing and stimulating.

Dr. Reyburn thought the knife preferable. On the lip we can eradicate the disease by cutting beyond it into the sound tissue, while caustics only act superficially. He objects to the use of arsenic, owing to the liability of arsenical poisoning. The dry sulphate of zinc is better than charcoal in making the sulphuric acid paste.

Dr. McArdle thought the best treatment was by knife, spoon and thermocautery. He gave the details of a case of rodent ulcer that was kept under control by applications of salicylic acid.

Dr. Richey said that all the cancer cells are not confined to the manifest lesion, hence the knife would seem to promise better results. When the cancer is situated on the side of the nose, close to the eye, the tear duct or sac is usually involved. In such cases 50 per cent will recur under any treatment. Fortunately most such cases occur in old people.

Dr. Atkinson asked if any one had derived any benefit from large doses of Fowler's solution either in the early or late stage.

Dr. Dufour had seen three cases of supposed epithelioma treated by various methods without success, but finally yielded to potassium iodide. He thought the knife and curette better than caustics.

Dr. Brown also thought the knife better than caustics. He had operated on several cases some years ago and so far as he knew there had been no recurrence. Some are certainly benefited by alterative and tonic measures.

Dr. McLaughlin could recall two cases, one had been operated on three times, and the other four times—the last patient was being fed through a tube. Arsenic was negative and certainly had no specific effect. The paste depended upon the fancy of the operator, his object being to destroy the diseased tissue. Where much tissue is involved the knife is preferable, but they almost invariably return.

CLOSING DISCUSSION BY DR. BELT.

Dr. Belt, in closing the discussion, said he could only say that the hospital cases were temporarily cured, but as he could not keep them under observation he could not say how many returned. In his private practice he had treated a half dozen cases by this method, and in one only was there a return of the disease, but not in the same location. The second growth was destroyed in like manner about five years ago, and there has been no recurrence. In regard to excision, he did not underestimate its value, as it is quick and effective, but it is the method most feared by patients, and the most common cause for post-

poning treatment. His object had been to call attention to a reliable substitute, which patients would submit to as soon as their attention was called to the serious nature of the disease. Most of the text-books on ophthamology recommend excision, but Bryant and some others say, with Dr. McGuire, that for cutaneous epithelial cancer the caustic treatment is the best. Arsenics and other caustics have been recommended to-night, but he thought arsenic, as a caustic, is falling into disuse, as it is dangerous and not always effective. Some of the other caustics mentioned are painful and often cause sloughing, with extension of the disease. Sulphuric acid paste merits attention because it is not very painful, is easily applied and causes no ulceration or extension of the disease, but forms a dry scab or crust, which peels off and leaves only a slight cicatrix.

Uses and Abuses of Arsenic.

At the meeting of the Medical Society of this city of the same date Dr. T. N. McLaughlin read a paper entitled, The Uses and Abuses of Arsenic.

GENERAL DISCUSSION.

Dr. Richey asked how arsenic influenced the skin.

Dr. McArdle asked if the ordinary Fowler's solution contained any arsenic. He had seen two children—one in either end of the city—who had swallowed a teaspoonful of Fowler's solution without any serious results.

Dr. Lovejoy said he rarely failed to observe the constitutional effects from Fowler's solution. He thought arsenic was a very valuable remedy outside of skin affections in being a powerful stimulant to mucous and cutaneous surfaces, as it would produce an erythema and irritate the stomach and bowels. He had had a different experience as to its constitutional effects. It is a most valuable remedy in warts, especially when they invade the whole body; it is such a specific in this disease that he had seen them disappear in a few weeks under its continued use. He had also applied it to warts and had cured them. Arsenic is one of the best general tonics and alteratives. Neuralgia may be entirely cured by it. He gave the details of a case in which the neuralgic paroxysm was promptly controlled by this drug. It is also especially a nerve tonic. It should always be administered, highly diluted, after meals.

Dr. McGuire said that warts were cured if let alone, as they would soon run their course. Children had gone to bed with warts which had dropped off during their sleep without any treatment. Arsenic had been greatly overrated and had been used with great disadvantage. Fox says the more you know about skin diseases the less you give arsenic. Morrow requested experiences with this drug and received a variety of opinions. He seldom used arsenic as he thought it did but little good constitutionally and none locally. As a general and nerve tonic it has a beneficial effect.

Dr. Lovejoy said the administration of arsenic for the cure of warts was not original with him but had been suggested by that acute observer, Dr. Liebermann. In spite of the contrary views of dermatologists, he still thought arsenic a valuable agent.

BOOK REVIEWS.

An Illustrated Dictionary of Medicine, Biology and Allied Sciences. Including the Pronunciation, Accentuation, Derivation and Definition of terms used in Medicine, and the Various Sciences Closely Related to Medicine. By George M. Gould, A. M., M. D., Author of the Students' Medical Dictionary; Editor of the Medical News, etc. Pp. 1633. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1894.

Upon opening this new dictionary we first notice the unusually clear page, due to the fact that the various styles of type are well chosen, while the lines are sufficiently separated to be clearly read. By the judicious use of these various types the eye catches the principal words at a glance and we are able to find just what we desire without delay. The accurate and concise definitions make one of the most prominent features

of this work. But we believe this dictionary will be given an especially prominent place because of the things it contains which are not found in other works of a similar nature. For instance, we find here a large number of words that do not strictly belong to medicine and yet are closely related to it; as words used in the study of bacteriology, microscopy, botany, pharmacy, hygiene, etc. When we consider that biology is now either a preliminary requirement or is early studied in our best schools of medicine, the importance of having a dictionary including terms which relate to this science is at once manifest. So far as we are aware, there is no such lexicon of biology in the English language; but it may be found embodied in this great work. The pronunciation, derivation and definition of the words are given with such a fullness that it gives to the book an encyclopedic character. We also notice especially the number of tables wherein large numbers of facts are brought together and classified. There are over one hundred of these tables. Take for instance, the table of muscles: there are 28 pages of these, most beautifully illustrated; in fact, the engravings are of a very superior order. We notice that the author supplants the diphthongs æ and œ by e; such usage being "well established as regards many words and is in strict harmony with etymology and the spirit of the language."

While it appears that the work of the author is above criticism, yet special attention should be called to the excellent work of the publishers. Everything connected with this part is most satisfactory. The type used was evidently new, the paper of good quality and the binding both firm and handsome. Lowdermilk & Co. of this city are sole agents, and the book is now on their shelves for sale.

Diseases of the Skin; an Outline and Practice of Dermatology. By Malcolm Morris. F. R C. S., Surgeon to the Skin Department, St. Mary's Hospital, London, etc. In one 12mo volume of 572 pages, with 19 chromo-lithographic figures and 17 engravings Cloth, $3.50. Philadelphia: Lea Brothers & Co. 1894.

Modern researches have done much to throw new light on the cause of diseases of the skin. As a result much of the treatment has been greatly modified or entirely changed within a few years. Therefore the physician who would keep posted on this class of diseases must be familiar with the latest works. Dr. Morris is acknowleged as one of the foremost dermatologists of the world, and we have here his latest contributions. We notice a full chapter on the bacteriology of skin diseases, thus giving the most modern knowledge on this subject. The illustrations are quite new, including nineteen chromo-lithographic figures which impart a vivid realism to the subject. By the aid of these the author seeks to facilitate the discrimination of diseases which though essentially distinct yet possess similarity of appearance. There are also a number of woodcuts. For sale by Lowdermilk & Co.

Essentials of Diseases of the Eye, Nose and Throat. By Edward Jackson, A. M., M. D., and E. B. Gleason, S. B., M. D. Second Edition Revised. One hundred and twenty-four illustrations. W. B. Saunders, 925 Walnut Street, Philadelphia. 1894.

This is number fourteen of Saunders' Question Compends. Part 1 is devoted to the Essentials of Refraction and the Diseases of the Eye; Part 2, to Essentials of Diseases of the Nose and Throat. As will be rembered from previous reviews of these compends, they consist of a series of questions with more or less complete answers. The questions bring out the more essential parts, while the answers are given full enough to enable the student to get a comprehensive idea of the subject. In fact, these compends are a kind of quiz club in themselves. We know of nothing more valuable to the medical student than the quizzes, conducted either by his fellow-students or by his teachers. From a careful study of these compends we believe we are justified in making the statement that if the medical student can answer the questions that are given there will be no question about his ability to pass his final examinations. For sale by Lowdermilk & Co.

Prompt Aid to the Injured. Designed for Military and Civil Use by Alvah H. Doty, M. D. Second Edition, Revised and Enlarged. Price $1.50. D. Appleton & Co., New York. 1894.

The object of this manual of instruction is to teach what course to pursue in emergencies in order that the sick or

injured may be temporarily relieved. The author writes for the special benefit of the ambulance corps connected with the different military organizations. The book begins, therefore, with a general description of the construction of the human body and the functions of the different organs. A chapter on hygiene is introduced, giving the reader a general idea of the methods by which the body may be kept in a healthy state. We notice also that the recently adopted drill regulations for the ambulance corps of the regular army is incorporated. The book is illustrated with 167 figures which add much to its value. We recommend to our professional readers that they procure copies of this book for the use of their nurses or for study by members of their own household. For sale by Brentano, of this city.

The Nurse's Dictionary of Medical Terms and Nursing Treatment. Compiled for the Special Use of Nurses by Honnor Morten, Author of Sketches of Hospital Life, How to Become a Nurse, etc. Price $1.00. W. B. Saunders, 925 Walnut Street, Philadelphia. 1894.

We have here a dictionary of 140 pages which contains descriptions of the principal medical and nursing terms and abbreviations. The author states that the volume is merely designed to be used at the bedside as a temporary reference book until there is time to look up fuller works on the different subjects. This is not a pronouncing dictionary but one rather in which the definitions are especially complete, so that they may furnish a guide to the nurse. It is a book which every nurse should have and which, if she has, she will often consult. For sale by Lowdermilk & Co.

The Care and Feeding of Children. By L. Emmett Holt, M. D., Professor of Diseases of Children in the New York Polyclinic. Price 50 cents. D. Appleton & Co., New York. 1894.

We have here a series of questions for the use of mothers and children's nurses. As they are propounded by one most eminent in this field it is certain that they will serve a useful purpose in other institutions than the one where Professor Holt has been teaching nurses. But more than this, it cannot fail to be of great value to many mothers who care for their own children and to the ordinary untrained nurse. By using the style of question and answer the strong points are emphasized and thus made to impress themselves upon the mind. The book will be found of much interest to the practitioner, who will get value received from it before he has finished the first five pages. For sale by Brentano.

Reprints of Articles. By J. H. Kellogg, M. D., Battle Creek, Mich.

From Dr. Kellogg we have received from time to time reprints of papers some of which were read before medical societies and others contributed to his journal. In all we have 12 of these reprints covering a variety of subjects. Acquainted as we are with the work which falls upon this author day after day in the regular discharge of duties as superintendent of the largest sanitarium in the world, we are more and more astonished at the amount of work he accomplishes. As editor of *Modern Medicine* he contributes a large amount of original matter to its columns each month; while as a surgeon he always has critical and severe cases on hand. The work which Dr. Kellogg does at this sanitarium is something enormous, and although acknowledged to be the largest institution of its kind, yet we do not believe the profession is aware of the large amount of most excellent surgery which is here done. As an editor, author and surgeon, Dr. Kellogg ranks among the very best.

The Book of the Fair. The Bancroft Co., Auditorium Building, Chicago. Part 12. Price $1.00.

This book still continues to give us beautiful illustrations, and we declare with each number that the handsome engravings cannot be excelled. There are a number of fine engravings of flowers and conservatory views. The Administration Plaza makes a handsome full-page engraving, as does the Mining Building and the view across South Canal. The engraving of the model in silver of the Horticultural Building is a fine specimen of work. Chapter sixteen begins in this number, which is to be devoted to mines, mining and metallurgy. The full-page engraving of the Mining Building makes another page suitable for framing; while still another full-page view of the General Department of Mining is equally as handsome. The text is very descriptive, but for the present we are satisfied in looking at the handsome illustrations.

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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

"A Valuable Adjunct."

We often see this sentence in the articles which appear in our exchanges and it always creates a smile. There is about as much sense in it as there is in giving a patient a compound cathartic pill; telling him to swing his arms three times around his head, and then declaring, when morning comes, that the swinging of the arms was "a valuable adjunct" in producing the manifest effects. We see quinine prescribed for malaria and with it some strange compound as a valuable adjunct, the good results being largely attributed to the skillful combination. To increase the strength, a nutritious diet is prescribed, together with systematic exercise, and as a valuable adjunct, a few compressed tablets. The patient has faith in the tablets, thinks nothing of the food and exercise, and declares that the valuable adjunct is what did the business; in other words the tail of the dog is bigger than the animal himself. In the great majority of cases the valuable adjunct is a placebo; operates as a mind cure; shows off the physician's skill as a wholesale prescriber; lauds some obscure preparation; illustrates an itching for notoriety; tells that the doctor cannot hit the bull's eye; puzzles the student; mystifies the patient; and is of no use whatever.

It Wabbles.

Professor Young writes an article to the *Cosmopolitan* on the Wabble of the Earth. He says that it has a veritable wabble such as is produced by striking a spinning top. We are glad of this scientific explanation for we have seen persons walking in such an uncertain way that we were inclined to think they were doing the wabbling themselves; but now Professor Young declares it is the earth that is unsteady. Therefore, there is good reason why we should hold on to lamp posts, etc., whenever this terrible thought comes to us, as it is likely to do on our lonely journey toward home after a pleasant evening with friends.

"Know Their Friends."

The editor of the Louisville *Monthly* calls attention to his two new ads. of enterprising undertakers "as a small evidence of their gratitude for past favors." He now asks the tombstone makers and cemetery companies to show their appreciation. "Let the procession move on." The editor of the Louisville *Monthly* must be in as accommodating quarters as the editor of this journal finds himself. Within our own block there are two furniture stores (cradles, baby carriages, etc.), seven physicians, fourteen dentists, two druggists, one church, one undertaker and

one tombstone maker. "From the cradle to the grave," we are surrounded with every convenience.

Cascara Sagrada in Rheumatism.

Dr. Cannon reports six cases of rheumatism, in the Louisville *Medical Monthly*, treated by the administration of cascara. He prescribes aromatic cascara in teaspoonful doses every three hours until the bowels move freely, then fifteen drops every two hours. His cases all recovered in a few days, and he declares that "any one who tries or has tried cascara in rheumatism cannot help but be satisfied with the quick results this remedy gives."

Wonderful Cures.

In speaking of a certain preparation on the market, the composition of which has never been given to the profession, an editor of an exchange says, "the cures accomplished by this remedy are simply wonderful, but the fact that they are reported by physicians of the best repute places their authenticity beyond all doubt." So long as physicians of "the best repute" report wonderful cures, we small fry must follow suit or declare our ignorance by remaining quiet.

The Elasticity of The Brain.

Now we have an explanation for it. We never knew why it was so easy to lie. But the editor of the *New York Medical Journal* explains it. He gives us an article on "The Elasticity of the Brain." If the brain itself, the very center of our higher faculties, is elastic by nature, how can we be blamed for stretching the truth?

Medical Women As Teachers.

We would like to hear from some of the strong advocates of woman's fitness for the practice of medicine an explanation why their medical colleges have to be conducted by teachers of the opposite sex. An exchange tells us of some recent elections to the faculty of the Woman's Medical College of Baltimore. *A man* is given the chair of Physiology and Histology; *a man* is professor of Diseases of Children; *a man* gives instructions in Chemistry; *a man* lectures on Medical Jurisprudence, and *a man* teaches Pathology. How many more *men* there are in the faculty the item does not inform us. Not one of these positions should be filled by a man. If women are capable of engaging in the active pursuits of the medical profession they are certainly capable of teaching Physiology, Chemistry, Diseases of Children, etc. Such a course cannot be construed in any other way than a confession on the part of the women that they do not have competent persons in their own ranks for these positions.

Give It Up.

Why is it that some physicians will insist upon wearing the Knox hat, declaring in the strongest language that no other hat is fit to put on the head, and yet these same physicians will continue to write prescriptions without specifying any manufacturer and apparently indifferent what brand is used. If a hat must be made by Knox in order to meet his wants, why should he not insist that the remedies which he prescribes for those who are desperately ill be made by reliable manufacturing chemists?

The Driver or the Donkey, Which?

The *Record* calls attention to a recent lawsuit in Kentucky whereby a widow sued a railroad company for the loss of her husband and his horse, both of which were struck by a locomotive and killed. The jury awarded her $50 for the loss of the horse and one cent for that of her husband. We see nothing unique about this, because good horses are difficult to find, while widows have but little trouble

in getting good husbands. Or, viewed in another light, recent disclosures have brought out the fact that in Kentucky, at least, the estimate the jury placed upon the husband was about correct. These two views may not be in exact harmony, but they are as much so as the verdict of most juries is in harmony with the testimony.

Trephining for Epilepsy.

In the May number of *Modern Medicine*, the editor, Dr. J. H. Kellogg, relates a case of epilepsy on which he operated by trephining. The article is illustrated with a full-page lithograph. After describing the operation, which progressed to recovery without an unfavorable symptom, Dr. Kellogg says: "The improvement which has occurred in this case since the operation is something remarkable. Prior to the operation the mental apathy was so great it was sometimes difficult to attract the boy's attention. He would sit for long periods gazing vacantly at the floor or some other uninteresting object. In the short time which has elapsed since the operation, there has already been a complete change in his manner and behavior. The mental expression is that of intelligence and activity, and the movements are quick and sprightly, instead of slow and uncertain, as before the operation."

Consumption in Cigars.

While our personal antipathy to tobacco is such that we cannot understand how any form of life, no matter how low, can live in constant contact with such a poisonous weed, yet we learn from the *Bacteriological Review* that Dr. Kerez made cigars by moistening the leaves with saliva known to contain tubercle bacilli. The cigars were then dried and packed away in boxes in the usual manner. It was found afterward, when the cigars were unrolled and the leaves washed in water, that the infusion thus obtained, having been injected in guinea-pigs, produced consumption, clearly showing that cigars may thus be the means of communicating tubercle bacilli and giving rise to pulmonary disease.

Bathing and Aural Diseases.

In an article to the *Medical and Surgical Reporter* Dr. Turnbull shows that bathing, swimming and diving are frequent causes of diseases of the ear. He says that bathers in the surf are liable when off their guard to be struck by the waves upon the ear with sufficient violence to rupture the drum-head. In speaking of the danger of salt water entering the external auditory canal, he says: "If the water is not removed by placing the head to one side, and drawing the external ear forcibly outward, shaking the head at the same time and opening the mouth, also striking the external ear with the palm of the hand, it is apt to cause inflammation as the water decomposes, followed by perforation of the membrana tympani; or, the inflammation with the formation of pus, if neglected, may pass inward to the middle ear, cochlea and labyrinth, and implicating the brain, may terminate in death."

"Practice What You Preach."

Under this heading the editor of the New York *Polyclinic* proceeds to give his readers some good advice. Among other things he mentions the fact that while the physician may smoke unnumbered cigars in the course of every twenty-four hours yet he grows eloquent in denouncing the poisonous effect of nicotine whenever he detects the irregular pulse and irritable beat of the smoker's heart. He advises his patients to drink no water unless it has been

boiled, as the only safeguard against cholera, typhoid fever and intestinal derangement; yet he drinks enormous quantities of it in his own home without the slightest thought on the subject. The editor says, "if the doctor advises his families to drink only boiled water, let him insist that his own family shall have no water to drink unless boiled. If he teaches professionally that corsets are a source of abdominal and pelvic disease and a cause of deterioration in the physical health of women, why should he not insist that his own wife and daughters should wear no corsets."

We would suggest, however, that so far as the wearing of corsets is concerned his own wife may have an opinion of her own on that subject. And why he should insist that her opinions be given up for his own, is one of those questions which will bear discussing at least.

The Removal of Post-Nasal Adenoids

We have heard surgeons claim there was absolutely no danger in the removal of the tonsils, and that the removal of post-nasal adenoids is a most simple thing to do. Yet according to the facts brought out at the last meeting of the Laryngological Society of London, reported in the *Lancet*, it is not altogether such a simple matter. The president of the society said that a number of deaths were recorded as a result of the operation, and several other deaths are known to have occurred which have never been published. He regarded the immediate cause of death as due to the entrance of blood into the lungs. He believed that for this reason the anæsthesia should never be pushed to the abolition of the laryngeal reflex, thus allowing the patient to retain the power to cough up any blood, should any find its way into the larynx. Another point brought out was that these growths must be completely removed if the operation is a success. The time consumed in the operation should not be an important factor, the great question being the thorough removal of the growths.

Danger From the Communion Cup.

It appears to us it is about time for the people to understand that it is absolutely impossible to get rid of all forms of bacteria. They are here in great number and they are here to stay. We are to use an intelligent effort to prevent the destructive work of some of them, but any attempt to get rid of all bacteria can only be compared to the story of the old woman with her broom trying to sweep back the waves. We now find the clergy trying to show their great knowledge of scientific matters by raising the foolish cry about the danger of infection from the communion cup. At a recent ministers' meeting in Rochester, N. Y., the clergymen gave a most sensational account of the great dangers attending the present method of administering the communion and the thirty-five ministers present unanimously agreed to the views presented. We understand these ministers will now advocate the use of small individual tumblers. Of course, to be reasonable, these ministers must wash their hands, after the permanganate and oxalic acid fashion, before attempting to touch one of these cups.

How much more sensible it would be for these ministers to point out the danger of using strong fermented wine at the communion; and how much more real danger is there in this as compared to the bacterial fear. If the clergy would also be a little more active in preaching against the use of tobacco there would be less objection to the present method of administering communion. The trouble here is, however, with the clergy themselves. They would have to set the example by giving up the

weed themselves and to many this would be an altogether too severe a trial.

This tobacco point reminds us of an incident which occurred recently where, after addressing the young people of a church on the evils of the tobacco habit, we were told that such talks were useless when the pastors of the churches were known to indulge so freely in the use of the weed. This person remarked that within his memory there had been but one pastor of that church who had not been addicted to the use of tobacco. We are inclined to believe that the work of the clergy would be much more rapidly advanced if they would set the example by keeping their own mouths clean from the filthy tobacco habit and their communion cups free from fermented wines, rather than by raising the foolish cry against the dangers of infection from the communion cup.

To Regulate Sale of Milk.

At a meeting of the Medical Society for June 13, Dr. Kleinschmidt, from the committee appointed to consider "A Bill to Regulate the Sale of Milk in the District of Columbia," and for other purposes, submitted the following:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

SECTION 1. That from and after the passage of this Act no person shall bring or send into the District of Columbia, for sale, any milk without a permit to do so from the Health Officer of said District, such permit to be furnished gratuitously by the said Health Officer to applicants (to expire July 1 of each year) on condition that none but pure and unadulterated milk be sold within the said District, and subject to the approval of the Health Officer.

SEC. 2. That all milk wagons shall have the name of the owner, the number of permit, and the location of dairy from which said wagons haul milk, painted thereon plainly and legibly.

SEC. 3. All grocers, bakers, and other persons having or offering for sale milk, shall at all times keep the name or names of the dairymen from whom the milk on sale shall have been obtained, posted up in a conspicuous place, wherever such milk may be sold or kept for sale.

SEC. 4. No person shall offer or have for sale in the District of Columbia, any unwholesome, watered, or adulterated milk, or milk known as swill milk, or milk from cows that for the most part are kept tied up in stables, or that are fed on swill, garbage, or other like substance, nor any butter or cheese made from any such milk.

SEC. 5. No person shall offer or have for sale any milk containing more than eighty-seven per cent of watery fluid; and not less than thirteen per cent of total milk solids, exclusive of fat.

SEC. 6. No person shall sell, exchange or deliver, or have in his custody or possession, with intent to sell, exchange or deliver, skimmed milk containing less than nine and three-tenths per cent of milk solid, exclusive of fat.

SEC. 7. No dealer in milk, and no servant or agent of such a dealer shall sell, exchange or deliver, or have in his custody or possession with intent to sell, exchange or deliver, milk from which the cream, or any part thereof, has been removed, unless in a conspicuous place, above the center or upon the outside of every vessel, can, or package thereof, in which milk is sold, the words "skimmed milk" are distinctly marked in gothic letters, not less than one inch in length.

SEC. 8. It shall not be lawful for any person or persons to sell or offer for sale within the District of Columbia, milk taken from any cow fifteen days before, nor five days after parturition.

SEC. 9. Prosecutions under this Act shall be in the Police Court of said District, on information signed by the Attorney of the District or one of his assistants, and any person or persons violating any of the provisions of this Act shall be deemed guilty of a misdemeanor and shall on conviction be punished by a fine of not less than five dollars, nor more than twenty-five dollars for the first offense, to be collected as other fines and penalties, and for the second and each subse-

quent offense, not less than fifty dollars nor more than one hundred dollars, or by imprisonment in the workhouse for a period of ninety days, or both in the discretion of the Court.

SEC. 10. That all laws and parts of laws inconsistent with the foregoing be, and the same are hereby, repealed.

Tuberculosis from Vaccination?

In eight cases of tubercular meningitis, seen since last November, Professor Larrabee ascertained that there has been a previous vaccination of these infants with Bovine virus. All of the cases ran the usual rapid course and terminated in the usual manner of death; five of them seen in consultation with other doctors, and six of them were in families free from any tubercular tendencies or hereditary history. In one the first symptoms of tuberculosis developed in six weeks after vaccinating a healthy Hebrew child. Could the virus have been from tubercular cattle?—*Louisville Medical Monthly.*

Disease in Railroad Coaches.

In the laboratory of the Imperial Board of Health of Germany experiments have recently been made which show that the seeds of consumption were found in abundance in the dust collected, not only on the floors, but on the walls and seats of carriages. Samples of dust were taken from 45 compartments of 21 different passenger cars, and 117 animals were inoculated with them. Part of these died very soon thereafter of various contagious diseases before they had time to develop consumption; of the rest, killed four to six weeks after inoculation, three had tubercles. These three, however, were inoculated with sleeping-carriage dust, taken, not from the floor, but from the walls, cushions and ceilings. Bacteria at the rate of 78,800 per square inch were found on the floor of a fourth-class carriage, and 34,400, 27,000 and 16,500 per square inch on the floors of the third, second and first-class carriages. Thus, even in the latter, the average passenger, who usually has at least half a compartment to himself, say 3,000 square inches of floor, has an army of 49,500,000 deadly enemies aiming at his vitals on the floor alone, to say nothing of other millions in front and rear, on both flanks and overhead.—*Medical Record.*

THE PROGRESS OF MEDICINE.

Typhoid Fever in the District of Columbia.

At a meeting of the Medical Society of this city for June 6, the committee appointed to report upon the subject of typhoid fever in the District of Columbia made an exhaustive report. The report was accompanied by a number of charts, maps and tables illustrating the several points considered. As the report was printed in full in a number of the city papers we give only the following synopsis:

From 1881 there has been an almost uninterrupted yearly increase of the death rate, the highest point being reached in 1890, with a ratio of 8.3 to 10,000 inhabitants. In 1891 the rate was 8.3; in 1892 it had dropped to 7.0 and in 1893 to 6.5. The lowest mortality, 3.6 and 3.8, was in 1881 and 1884. The past nine years show a greater number of deaths, representing a larger number of cases, than at any previous time. In the past two years the ratio has been less than in the previous seven years. An exception should be made to the percentage of 1893, as given in table 1. It is based upon an assumed increase of 25,000 population in one year. This is not thought to be justified by the actual increase of previous years, and the percentage of 6.5 as the ratio of deaths in this year should be much higher, as high, certainly, as 1892, which is 7.0 to 10,000 population.

The maps show that there is a coincidence in locality of the deaths from

typhoid fever, typho-malaria, and malarial fevers, and diarrhœal diseases.

The average annual mortality from typhoid fever to 10,000 population in the District of Columbia was 6.2; in Philadelphia, 6.3; Chicago, 7.8; Boston, 4.1; Baltimore, 4.1; New York, 3.1; Paris, 6.1; Berlin, 2.0.

What interests us most is to trace the cause of the disease as it exists here, and in so doing it is assumed in this report that the question of its etiology is definitely settled, and that the conditions underlying its prevalence are (1) an impure water supply, (2) the imperfect drainage of a polluted soil, (3) infected milk, (4) and other causes.

The Potomac water has been subject to very careful analyses, and, "in general, the water may be said to be in excellent condition and to compare extremely favorably . . . with that of other cities. Its chief defect" is "the presence of suspended clay in the winter" and after heavy rains in any season.

The value of the so-called biological analyses of drinking water is, as Theobald Smith says (*Medical News*, Philadelphia, April 9, 1887), still very unsettled. As the result of one year's observation made by him, a relation was found between turbidity and the presence of bacteria. Bacteria were most abundant in winter, January and February having the highest average; August, September and October, the months of the greatest prevalence of typhoid fever, having the lowest. Bacteria, most of which were harmless, were most abundant after heavy rains, and their presence in association with turbidity proved the then source from the washing of the surface of the soil.

In the latest bacteriological report on Potomac water Theobald Smith adheres to this statement, and says that fecal bacteria and turbidity were coincident —that is, that rainfall carries into the Potomac whatever may happen to be on the surface of the soil, clay, manure from the fields, inorganic or organic matter of any sort. The nature of the country through which the Potomac flows, much of it being mountainous, as well as the absence of large cities on its banks, diminish the risks of infection. As the country comes more and more under cultivation, turbidity and impurity from the washing of plowed and manure-covered land will be more common. The possibility of the introduction into the water of the micro-organism of typhoid fever is dependent upon its presence in localities washed by the Potomac and its tributaries. The question, after all, is not whether typhoid fever can be propagated in this way, but whether, as a matter of fact, it is propagated in this way. Before this question can be determined other probable sources of origin must be considered.

It is an unjustifiable conclusion, that because fecal bacteria are found in Potomac water, therefore typhoid fever is usually propagated by the drinking of Potomac water. Bacteriology may lead us astray here, and data of a very different sort must receive due weight before a logical conclusion can be reached.

The truth of the theory may be considered as established that there is a relationship between pollution of the soil with human excrement and the drinking of well water contaminated with the poison of typhoid fever contained in this excrement. The converse of this has also been absolutely proved that typhoid fever can be diminished—almost eliminated—by a proper purification of the soil and the drinking of pure water.

The close relation of a soil polluted by sewage to typhoid fever prevalence is admitted to be a causal relationship, and no argument need here be adduced to support a theory so universally adopted. In Washington and the District there are three modes of infection of the soil with human excreta and sewage:

1. The overflow and leakage from privies.

2. The leakage from defective drain pipes in the soil.

3. The backing up of sewage in the sewers draining the lower parts of the city, and the flooding of basements and cellars.

The existence of the privy-method of disposing of human excreta in cities is sufficient evidence of a contaminated soil.

The drinking of the infected water of wells has long been known to be a mode of propagation of typhoid fever. If the

soil of the city is receiving a considerable portion of the excreta of typhoid cases; if much of the soil is badly drained, and wet with returned sewage, is it possible to avoid the danger of the fouling of well water?

In that low section of the city in which there is the most imperfect drainage, in which the soil is most contaminated by the defective sewerage, there are many thousand inhabitants with 3,994 privies, drinking the water from 140 wells.

In the report of the engineer of the District for 1889–90 it is stated that 75 per cent of the water of wells examined was found to be suspicious; in the Northwest 71 per cent was bad or suspicious; in the Southwest all examined were bad or suspicious; in the Northeast two out of three; in the Southeast 40 per cent, and in the country 70 per cent. The report adds that the only excuse for "keeping the wells open is the filthy condition of the aqueduct water and the high temperature which it reaches in the mains in summer, often 85 degrees, which is far from palatable to the poorer classes, who are unable to purchase ice."

In the following year 9 wells were filled and abandoned. In the year ending June, 1892, of 57 wells examined 24.6 per cent were condemned or declared very suspicious; 14 were filled and abandoned. The wells of the county were, as a rule, more contaminated than the city wells, a condition due to the fact that the soil of the city is better drained by sewerage than that of outlying districts.

The report for the year ending June 30, 1893, states that a larger number of wells were condemned than in the previous year, "owing to the large number examined from the low portion of the city in the Southeast and Southwest sections." Fourteen were found dangerous.

This is the very section of the city in which the number of fatal cases was so great in the five years.

RECOMMENDATIONS.

The committee would urge upon the Medical Society the importance of taking the initiative in the effort to control the spread of this destructive but preventable disease by urging upon our municipal government and upon Congress the prompt adoption of measures to remove the causes to which this report has drawn attention.

The measures to be recommended are:

1. The immediate abandonment of all wells within the city limits, exception only to be made in case of the absence of the Potomac supply, and where the wells, after repeated chemical and bacteriological examinations, have been found to be free from all possible sources of danger. But even these to be abandoned as rapidly as possible.

2. Purification of the sewerage system already existing, by replacing as rapidly as possible all damaged or defective drains.

3. The introduction of new sewers in advance of other improvements in parts of the city not now supplied with drainage, and the extension of the system as far outside of the city limits as the rapidly growing population demands, so as to prevent soil contamination.

4. The adoption of some system by which the lower sections of the city can be more completely drained, and the risks arising from the backing up of tide water and sewage prevented.

5. The final and safe disposal of the sewage.

6. To make all existing privies, vaults or other receptacles of human excreta water-tight, and by rigid inspection and penalties to prevent the dangers from leakage and overflow.

7. The early completion of the plans recommended by Colonel Elliot, in charge of the Washington aqueduct, and now in course of execution, which have in view the sedimentation of the Potomac water, and ultimately the completion of works for filtration, the only proper method of purification.

8. The suppression of all privies and the enforcing of the law to make sewer connections.

9. Careful inspection of all dairies in the District from which our milk supply is drawn, and the enactment of a law by which no milk shall be sold in the District without a permit from the health office. The inspection should cover an examination at the dairies of all possible sources of infection, including the water supply.

10. The urging upon the members of

the profession of a careful collation of all facts bearing upon the mode of infection in each case, and the advantage of reporting such facts to the Society, and the propagation of the doctrine that immediate disinfection of the stools is the first duty of the physician as guardian of the health of the community.

G. L. MAGRUDER,
W. W. JOHNSTON,
C. M. HAMMETT,
Committee.

At a meeting of the Medical Society for June 13, the above report was laid before the Society for discussion.

DISCUSSION BY DR. D. W. PRENTISS.

Dr. Prentiss said that this report was the most valuable which had been laid before the Society, and the members of the committee were deserving of every credit and commendation. There were two principal causes of the disease set forth in the report. One was the contamination of the soil. All the city soil was contaminated and every time the streets were dug up this was made apparent both to the eye and to the nostrils. Roots of trees also entered the crevices of sewers, and the same roots entered the wells, thus making a direct connection between the two. Another point was the backing up of tide water into sewers and cellars. Pollution of well water depended upon the contamination of the soil, and several cases had come under his observation which could be directly traced to this cause. There was sufficient evidence of the danger of well water to be found in the outlying districts where there was no Potomac water, and he had seen more cases in consultation in the country than in his own practice in the city in the last five years. Another source was the milk. There had been three cases in Brookland of which he had cognizance, and where two children in one family had contracted typhoid fever through the milk of one cow, caused by washing the utensils in polluted water.

The health resorts furnished another source of typhoid fever, and a large number of people who went away for their health came back with the germs of typhoid fever. He believed it was extremely rare that typhoid fever was due to Potomac water. To be sure it contained germs, and even the colon bacillus, but that was not the germ of typhoid fever, and no report had ever stated that it contained the typhoid bacillus. Even if water was impure it could be rendered innocuous by boiling, and the use of the Pasteur or McDonald filter rendered it clear; but the use of charcoal filters was an abomination. In the matter of sewer gas there has been a revulsion of feeling in the last few years, and it was now believed that there was very little danger from that source.

The conclusions which the committee recommended, and the action which the occasion demanded and which the Society should indorse, were: 1st. A new and better system of sewers. 2d. An increase of the water supply and provisions for its sedimentation and filtration. 3d. To abolish all privies and wells. And 4th. To abolish all pumps.

DISCUSSION BY DR. SMART, U. S. A.

Dr. Smart said that for twenty-five years he had given special attention to the sanitary analysis of water, particularly with reference to the transmission of disease, and a dozen years ago when the Potomac water was purer than now and when there were more wells and less typhoid fever, he had urged the closure of a number of wells, and later supported Captain Symond's plan to provide filtration. He agreed with the conclusion and recommendations of the committee, but took exception to the relative prominence given to certain of the causative agencies.

Typhoid fever might be transmitted in several ways: it might be imported into a city, the residents sometimes bringing the disease from summer resorts. Many people regarded typhoid fever as arising, *de novo*, from a condition of harmlessness to one of pathological energy, but one could hardly believe that the well-sewered streets of Washington would favor the development of typhoid fever as much as the unsewered streets of New Orleans. The disease was propagated by the water supply either from rivers or wells, and the question at issue was whether the Potomac supply or the well supply was mainly responsible in the present instance. It was usually found that after

the introduction of a good water supply the mortality of typhoid fever fell to a great extent. But coincident with the introduction of a water supply there was usually the establishment of a sewer system and the closure of wells, so that it was difficult to determine how far the reduction in the typhoid fever rate was due to each one of these three sanitary improvements. The influence of sewers could be dismissed from the calculations, for in the unsewered city of New Orleans the typhoid rate was only 30 per 100,000, so it would be seen that the absence of sewers had little to do with the disease; but the water supply, which came from the heavens and was stored in cisterns placed at a distance above the ground, offered no chance for the entrance of typhoid germs. He also cited Baltimore as another example of an unsewered city where the typhoid rate had fallen after the introduction of an abundant water supply. It was difficult to separate the typhoid infection of the wells of a city from that of the general water supply, but there was one city where typhoid fever was now so scarce that it was regarded as a clinical curiosity, and that city was Vienna, which was once the hotbed of typhoid fever. Prior to 1874, he said, the city got its water from wells and from the Danube, but in that year water was brought from springs at a long distance from the city, and the disease gradually decreased until it was entirely suppressed. That it was due to the cessation of the use of the Danube water and not to the closure of the wells was shown by the fact that one winter when the springs were frozen over and the wells proved insufficient to supply the city, the water from the Danube was again thrown into the mains for a few weeks, and the old condition of typhoid fever, and the old rate of 340 per 100,000 was reproduced. It was true that the Potomac was not the Danube, but as 70 was to 340 so was the Potomac to the Danube.

Dr. Smart also told of the improvement in the typhoid fever rate at Jefferson Barracks, Mo., which followed the introduction of a better water supply. He criticised the report of the committee in the relative prominence which it gave to certain factors. For instance, the purification of the water supply was the sixth recommendation of the report, while he believed that the first step should be to make the water supply of the city pure, this being the primary agent in the reduction of typhoid fever. Congress should be urged to appropriate freely to have the general supply of water purified; when wells could be closed immediately and when everything else would follow and the typhoid rate would fall.

DISCUSSION BY DR. WILLIAM C. WOODWARD.

Dr. Woodward believed that inasmuch as only the deaths from typhoid fever were reported to the health office it was impossible to form a correct estimate of the prevalence of the disease, and he believed that if the statistics were accurate they would show a much larger number of cases due to the drinking of well water, and he also believed that well water stood for something else besides the bacillus of typhoid. If ventilation, bathing and good hygienic surroundings generally counted for anything, we would expect that the mortality would be greater in the poorer sections of the city, and he had tried to get at this by finding out the occupation of those who died from the disease, but he had found it impossible to obtain information. This led him to suggest the importance of securing the registration of all cases of typhoid fever in the District. By this he did not mean the posting of houses, as was done in cases of scarlet fever and diphtheria, but that cases should be reported as they occurred and not as they died. In regard to the water supply, he did not see any object to be gained by closing the wells unless the people were given as good, or better water in place of the well water. Potomac water, when clear, was better, but when turbid it was much worse, but by closing the wells and doing away with the privies the health authorities would be enabled to concentrate all their attention on one thing—the property of the Potomac water. While there was a dearth of statistical information on this subject, he found that the reports of the physicians to the poor, in which not only the deaths, but every illness which

occurred was reported, could be worked up into valuable statistics.

DISCUSSION BY DR. KINYOUN.

Dr. Kinyoun heartily commended the report of the committee. The way the deaths from malaria and typho-malaria went hand in hand with the deaths from typhoid was remarkable, and forced us to the conclusion that there had been a great mistake in diagnosing the diseases. Malaria in this locality was not a very fatal disease, and in 554 cases under his care in New York in which the diagnosis was made by a microscopical examination of the blood there was a mortality of only three, two of which were malignant cases from the Chagres River. In examining the ages of those who died from malarial fever he found that most occurred in adult life after a sickness of from four to six weeks, so it was hardly possible that the disease was anything but typhoid fever, and he would call all cases of typho-malarial fever typhoid fever, thus giving a much larger mortality, for this disease, than was shown by the committee.

In choosing between well water and Potomac water it was a choice of two evils. Well water we knew to be infected, and if pure to-day might be impure to-morrow. It was a question whether we ought to drink Potomac water which we knew was occasionally impure, or well water which we could never trust. Potomac water was not the best nor the worst, but if we could have such a method of filtration as had been adopted in Hamburg we would have an almost suppression of typhoid fever, provided the wells were closed immediately.

DISCUSSION BY DR. J. S. BILLINGS, U. S. A.

Dr. Billings said that Potomac water when turbid was worse than well water, as it contained fifty or sixty kinds of bacteria, and fecal bacteria might be found all the time, but more abundantly after a storm. Personally he preferred to drink from a cool well and take the risk, for he had had typhoid fever and therefore considered himself an immune. His advice would be, to secure an appropriation, first, to carry out the system of sewerage now in existence, and second, to obtain a system of sedimentation basins for the general water supply of the Potomac. When there was a method of carrying off the impurities of the Potomac water the closure of the wells would be a matter of secondary importance. It was not only typhoid fever which it was necessary to get rid of, but the water carried the germs of other diseases as well, such as those of tuberculosis. There was one other point in regard to the abolishment of privy vaults. Not only were wells infected by leaky privies, but the germs were also carried to food by insects such as flies.

DISCUSSION BY DR. S. C. BUSEY.

Dr. Busey said that there were one or two points in the report which he had intended to call attention to, but which had been already covered, especially the one in regard to typho-malarial fever which Dr. Kinyoun had so completely exploded, and he was very much delighted to find that his own opinions had been confirmed by Dr. Kinyoun's investigations, and that if the disease existed at all it was very rare, for in his long experience he had never seen a case. He was present when the term was born, and he was glad he had lived long enough to know that if there was such a disease at all it existed only in the very small proportion stated by Dr. Kinyoun. He was sorry there were so many cases reported in the District, and he appealed to the Society, as malaria could now be so accurately diagnosed, to eliminate the name of typho-malarial fever. Dr. Kinyoun had reported five more cases of typho-malaria, making only eleven authentic cases which had been reported, and with such information as that he hoped members would be more careful about reporting cases of typho-malarial fever, if there were any who did so. They should all be returned as typhoid fever. This would increase the mortality of typhoid fever, but we might as well face the music and get Congress to give better water and better sewers.

Referring to the danger from well water he said that in every section of the city where pumps were numerous there would be found numbers of deaths from typhoid fever and diarrhœal dis-

eases clustered around them, together with many other diseases. But the question might be pressed further, by going into the northwest section of the city where there were few privies, no pumps and few deaths from typhoid fever and diarrhœal diseases. The improvements recommended by the committee had a bearing not only on typhoid fever but on tuberculosis as well, for it had been demonstrated over and over again that the mortality of tuberculosis had a direct relation to the level condition of the sub-soil water, so we would be not only contributing to the health of the city so far as typhoid fever and diarrhœal diseases were concerned, but we would also diminish the mortality from tuberculosis. This bill gave the Society an opportunity to assert itself; to assert itself before Congress; to assert itself with all the power which could reside in educated men. He had lived here long enough to know that when medical men were united on any one subject they exerted a power which was certain to be successful. But for years past the Medical Society had lived within itself and within its rooms, and had not asserted itself outside of its own opinions, and he hoped it would now arouse itself and give the Commissioners all the support in its power.

DISCUSSION BY DR. ROBERT REYBURN.

Dr. Reyburn said that the report of the committee of the Medical Society on the subject of typhoid fever was in many respects a most able and interesting report and gave many facts that were of value, not only to medical men, but also to every resident of the District of Columbia. Unfortunately, however, in its conclusions the committee had fallen into some errors of statement that required to be corrected.

First, that typhoid fever decreased in proportion as a city was well sewered. If the committee had stated that as a city was well sewered, provided with an abundant supply of pure and uncontaminated water, and the filth and human excreta were promptly removed and disposed of, so in the proportion that these things were done, would typhoid fever disappear.

The census statistics showed that Washington was the best sewered city in the United States. It had more miles of sewers in proportion to the length of streets, and a greater per cent of sewers to streets, and a greater number of sewers to the ratio of population, than existed in any other city in the United States. Furthermore the citizens of Washington had expended for sewers the very large sum of $6,795,759, being more in proportion to its population than had been expended by the citizens of any other city in the United States.

Another fact to which he wished to call attention was that this conclusion of the committee was contradicted by the facts given in their own report. The mortality from typhoid fever in Baltimore with no sewers was stated by the committee to be 4.8 per 10,000, and that of Washington to be about 7 per 10,000, and the climatic conditions were about the same in the two cities.

In the European cities cited by the committee, other sanitary reforms went hand in hand with the questions of providing pure and abundant water and good sewerage for their citizens. In the city of London he himself witnessed the sanitary reforms there being carried out on the most gigantic scale. Whole districts of the city were being torn out and rebuilt. The sum of six hundred thousand pounds sterling (three millions of dollars) was being expended at Bethnal Green in tearing out the slums, and building in their places houses replete with all modern sanitary improvements. So therefore we must not look alone to the sewerage (which of course is very important), but consider all the questions of sanitary reform at the same time. In the city of Danzic, which has an abundant water supply, there had been no appreciable effect in reducing the mortality until good sewerage was introduced. In Vienna, on the other hand, good sewers were of no avail until an abundant supply of water was obtained. Baltimore had no sewers and yet its annual mortality from typhoid fever was only a little more than one-half that of the city of Washington. What was the reason for this condition of things? In Baltimore, bad as their system of privies undoubtedly was, yet the condition of

those privies was carefully looked after, and they were promptly and regularly emptied. The garbage system of Baltimore was very much superior to that of Washington and the city was thoroughly scavengered, and the garbage promptly collected and disposed of every second day. Quite a number of houses in the alleys of Washington had no proper privies, and in many that had them the privy box was replaced by a bucket, which was emptied into the nearest sewer inlet under cover of the night. The result was that a large number of families had no other place of deposit for their night soil than the inlets of the surface drains, and as these drains were only flushed out by heavy rainstorms, there was here a condition of great uncleanliness. Typhoid and other germs might remain there (on and around the surfaces of these drains) for days or weeks before being washed into the sewer.

Then again the garbage was a constant source of filth, and consequently of disease. He showed that the garbage equipment was entirely inadequate to the needs of the city and said that this in itself was a sufficient reason for the general unhealthiness of the city. The root of the evil lay in the fact that the sanitary department was as primitive in its condition as it was when Washington was a village. When the sanitary methods attained the development that the water and sewer supply had already reached, then typhoid fever and other filth diseases would greatly diminish in frequency.

In conclusion, he suggested, first, that the District Commissioners be earnestly requested to ask an increase of the appropriation for the Health Department of the District of Columbia sufficient to at least double the present garbage service of this city; second, that the District Commissioners be respectfully requested to issue an order closing up all pumps that were located in districts that were supplied with Potomac water; third, that the District Commissioners be requested to urge upon Congress the adoption of the plans devised by Colonel Eliot for the storage, purification and increase of the water supply of the District; and, fourth, that the District Commissioners be requested to prepare and submit to Congress a complete and comprehensive system of sewerage, which would be adequate to supply the future as well as the present needs of the citizens of the District of Columbia.

DISCUSSION BY DR. BENJAMIN G. POOL.

Dr. Pool, continuing the discussion, said that the committee had well shown the magnitude of the task of making a complete study of typhoid fever in all its relations. The importance of the subject demanded continued observation and study and he would heartily second the suggestion of the committee that the work be continued from year to year until there was a practical unanimity on the part of the profession in their views as to the causes which controlled the prevalence of this disease. The desirability of pure air, good water and a dry, uncontaminated soil were so generally admitted as to require no argument. On the other hand, instances in which epidemics of typhoid fever had been communicated through an infected water supply, had been maintained on a polluted soil, were so numerous as to convince any reasonable man of the possibility of these modes of propagation. The sanitary condition of this city was defective in many important respects but it was not nearly so bad, relatively, as the data arranged by the committee would lead one to suppose.

Turning to the profound and exhaustive researches by which the startling and lamentable condition of affairs in the District of Columbia was shown, and delving into the musty records of the Health Office away back to 1881, the committee were able to produce a table which at first sight seemed to show that there had been an almost uninterrupted yearly increase of the death rate from typhoid fever. But if the compiler of this interesting tabular statement had pursued his researches still further into the misty past he would have discovered that in 1878 there was a death rate of 6.0. Thus it would be seen that in the fifteen years from 1878 to 1893, there was an increase of only .5 per 10,000, a difference considerably less than the decrease during the past two years. The fact that many of the cases were former-

ly classed as typho-malarial fever or as continued fever were now put down as typhoid fever, would make it still more apparent that there had been no actual increase demonstrated. But even if this table did show an increase, the estimates on which it was based, as pointed out by Dr. Woodward, were so valueless as to make the deductions worthless for the purpose of comparison.

We were told in the report that "the existence of the privy method of disposing of human excreta in cities is sufficient evidence of a contaminated soil," and yet the typhoid fever rate of Baltimore was stated as lower than that of "Washington, whose sewerage system is very good in most respects," and more than that, the rate of Baltimore was found to be lower in 1893 than it was in 1881.

Turning to our own city the interesting fact was noted that in the southern section of the city with its 62,218 inhabitants there were a very large number of cases due, partly at least, to the great number of privies, while in the Northwest section there was only 1,761 privies. In the former division the rate was 6.3; in the latter it was 4.6.

He then analyzed the report, taking the city by sections, and showing the typhoid rate in each section as compared with the rate for the entire city. From this it could be learned that a sanitary district, the largest in the city in point of population, and containing more poor, dirty and idle people than any other, had a rate of typhoid fever way below the average of the city, while the division given as least infected in this respect was shown to furnish all grades from a high to a low rate.

It would be noted that the Census Bulletin gave the rate from typhoid fever for the six years ending May 31, 1890, at 72.41 in 100,000, while the report of the committee brought down to 1893, gave 6.2 in 10,000, a decrease of 3. in three years. At that rate the disease would have disappeared in 6.2 years.

The statistical method of research for this purpose was an imperfect one; partly because the data were imperfect and more or less inaccurate; partly because it could not take into account temporary and local conditions.

It should be clearly understood, therefore, that the differences in death rates of different wards and districts did not prove that those districts having the highest death rate were necessarily the most unhealthy, nor did they furnish satisfactory indications as to the causes of the differences.

But the people who are not familiar with statistical methods and statistical fallacies did not know this. When a scientific body like the Medical Society declared that as a result of careful investigation they found that the rate of Washington was four times as great as that of Brooklyn, our citizens had reason to be alarmed, but the truth was it was very questionable whether the disease was more or less prevalent here or in New York or Brooklyn.

Returning to the subject of wells he said that typhoid fever was often conveyed by well water, but where had it been shown in the report that a single case of typhoid fever had been traced to a single well in this city? Dr. Magruder in reading his report stated that the well at the corner of Twenty-third and G was bad, and that he had a case of typhoid fever right around the corner. He (Dr. Pool) also had a case in that vicinity but the patient did not drink water from that well.

The report claimed to have shown that where the soil was polluted with the leakage of excreta from typhoid fever patients and infected water was used, typhoid fever was most prevalent; but where was that locality and how was the relation shown? In taking the four squares adjacent to each of the suspected pumps they did not seem to show that the disease had been unusually fatal in those localities.

We were solemnly warned against the remote possible contingency that a well might some time become infected, and were earnestly advised that because some well at one time contained fecal bacteria, through all time we must avoid all wells, and this after we had been cautioned not to be too ready to accept the results of bacteriology in regard to river water.

So far as the maps and charts accompanying this report were intended to show any sequence of cause and effect the pub-

lications of the Weather Bureau would be equally applicable, and taken as a whole the report was sensational, illogical and contradictory, consisting of generalizations based on the barest possibilities and fancies stated as facts.

It should be the pleasure as it was the duty of the medical profession to collect and study the facts appertaining to the prevalence of disease and to impart to the public such positive knowledge as would enable the people to take measures for the prevention of sickness and death; but the bugaboo ought to have no place in scientific research, and could have little other effect than to excite distrust in the minds of an intelligent community.

DISCUSSION BY DR. J. W. CHAPPELL.

Dr. Chappell coincided with Dr. Kinyoun in the belief that the mortality from malarial fever and typho-malarial fever was very small, although the report of the Health Officer showed the contrary. And the mortality from typhoid fever had increased, not because the disease was any more prevalent than formerly, but because physicians had changed their diagnosis. He gave a table of the mortality from typhoid fever in the District of Columbia from 1881 to 1892 inclusive which, he said, showed conclusively that the disease was not on the increase.

There was one factor which had not been considered, which had an important bearing on the mortality rate, especially when comparing Washington with Northern cities, and that was the large number of colored people, for the mortality among that race was about double that of the whites. And while he believed that typhoid fever was caused by drinking pump water, he did not think that all the cases were due to it, but that the Potomac water was also sometimes responsible for it. Dr. Prentiss had told a very pathetic story, he said, about what might happen to the high school children from drinking from a well, but he would tell a much more pathetic story of the possible dangers from the Potomac water if he would visit the upper portions of the river around Harper's Ferry and see the amount of filth that was emptied into the river. He would wonder then that Washingtonians were not always suffering from typhoid fever. He did not think well water could be so impure because he had always believed in the purification of water through the soil, and that it was only when the water drained directly into the well that it became dangerous. He did not believe that typhoid fever was any more prevalent in the country than in the city, and certainly such a state of affairs as Dr. Stone described as existing around Brightwood did not exist at Tennallytown, so that he was inclined to think that Dr. Stone's diagnoses were not correct.

DISCUSSION BY DR. CHARLES G. STONE.

Dr. Stone urged upon the Society the necessity of sustaining the committee in its report, more especially as it had already been before a committee of Congress asking for an appropriation to extend the system of sewers.

He thought he should know something about typhoid fever and wells, and he could substantiate any one of the twenty-seven cases which he reported to the Society last year. In the country there were no sewers, and the soil of that portion of the District which would soon become the residential part of the city was being constantly contaminated. That soil should be kept as pure as possible, and the only way in which that could be done was by having sewers completed as soon as possible. There were already water mains laid at Brightwood, but they could not be used because there was no way of disposing of the surplus water. He urged unanimity among the members on this subject, and said that when the Society applied for anything it should do so unanimously, but now it was divided; one person saying that typhoid fever was due to privies, another that it was the wells, while a third said the Potomac water was the cause.

CLOSING DISCUSSION BY DR. G. L. MAGRUDER.

Dr. Magruder thanked the Society for the almost unanimous support given by it to the committee. This committee had found the work assigned to it becoming more and more difficult, making it necessary to study the whole question of typhoid fever very fully, and the

committee found itself going deeper and deeper into the subject. He thought they were competent to study the statistics of the Health Office, and they went there and looked over the records for one entire year, and found that the records were made up from reports received from the physicians of the city without the Health Officer taking it upon himself to change any. And all they had possibly been able to make out was 6.2 per cent of deaths from typhoid fever. It would be interesting, he thought, to look back over the records of the Health Office and controvert some of Dr. Pool's statements made from the census reports. The committee was just as competent to make up these reports as were the census clerks, and he believed they were as nearly correct as it was possible to make them. Dr. Billings and Dr. Pool wanted to know what the maps and charts had shown. They showed, he said, that the very people who used the pump water, and who lived right around the pumps, were the people among whom cases of typhoid fever, typho-malarial fever and diarrhœal diseases were most common. It was ridiculous for men to get up and call the report a bugaboo and sensational story.

He had always fought the idea that Washington was a pest hole, and even the cases of malarial fever were becoming fewer. Could any get up and deny that, or not make an effort to remedy it? The experience of the scientific world showed that it could be remedied. He earnestly hoped that the Society would see that it was both its duty and its pleasure to indorse the recommendations of the committee. From now on, he predicted, the death rate of typhoid fever was going to increase, but if the pumps were all closed up he would have no hesitation in saying that some lives would be saved this summer, and it was well to save one life even at the cost of closing all the wells. He urged upon the Society the necessity of purifying the water supply immediately, and the necessity of impressing upon Congress and the Commissioners the importance of this reform and the extension of the sewer system.

CLOSING DISCUSSION OF DR. W. W. JOHNSTON.

Dr. Johnston dwelt upon the question raised by Dr. Smart as to the relative value of Potomac water and well water. Dr. Smart, with his large experience at army posts, had come to the conclusion that river water was largely responsible for typhoid fever, but as between a river sending down a large volume of water and a well which was constantly being polluted and whose water was taken in large quantities by the populace, he did not think there could be any hesitation in choosing the former. The question had already been settled by other authorities the world over. In regard to the other objections raised — that it could be shown by statistics that typhoid fever had *not* increased—he said that anything could be proved by statistics, but the general statement was true that there was a larger amount of typhoid fever now than there had been ten years ago. The Medical Society of the District of Columbia ought to rise to the dignity of its position. Washington was the capital of the country, as were Paris, Berlin and London, and every one knew the position which the medical societies in those cities took. In this country there was not that union between the Government and the scientists which existed in European countries, but that was largely our own fault, and if we asserted ourselves and assumed the position we should assume we could largely regulate the health of the people.

Other considerations were important; the one important question now was: Do we have typhoid fever in a larger proportion than other cities, and if so, do we want to get rid of it? The committee had suggested remedies which had been used in other cities where typhoid fever had existed. And the decrease in the typhoid rate was accomplished by sewering, and by providing good water, and this was not shown from one isolated case but from a score. He urged the members of the Society to drop all their differences and unite on this question, and thus bring all the influence of the Medical Society to bear to bring about this desirable result—the suppression of typhoid fever.

Dr. Adams moved that the recommendations of the committee be adopted; which motion was agreed to.

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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Because.

The *Alkaloidal Clinic* has an editorial on "I Am in the Habit," a subject that points out a very weak spot in a person who uses it so often in medical conversation and medical writing. How often we hear it! Just as if an opinion was worthless unless it could be substantiated by years and years of experience. A physician who is always quoting what he has done from habit is the one who always prescribes empirically. He has no need for logic, and it is not at all necessary for him to know anything about how drugs affect the economy. Once he found that rhubarb was good for an Englishman and worthless for a Dutchman. Therefore, he is in the habit of prescribing it only for the former. These "habit doctors" get in ruts so deep that all the physiological and bacteriological investigators in the world could not possibly pull them out. They are surrounded by a wall so high that nothing can be seen on the other side of it. Their prescriptions in '94 are the same as in '64. The remedy of all this is in the little word "because." Let us have a "reason" for the faith that is within us.

Dispense Your Own Medicines.

This question is bound to come up for discussion, and is one that is now being solved, and that too, in no very slow manner. One great objection heretofore advanced against such a method has been the cost of the medicine to the physician. But this has been removed by the appearance of the convenient and palatable tablets and tablet triturates. We notice a new price list of these goods recently put out by Parke, Davis & Co., and the quotations are indeed surprising. For instance, take Flint's Chalybeate Tablets; a thousand of them can be purchased for sixty cents. Better give a patient fifty, at a cost of three cents, than to have him take a prescription for some tonic to a drug store, only to have it refilled again and again, without your being the wiser. Expend three cents and direct your patient to return when the medicine is gone. To keep a stock of these goods and deal them out to your wealthy patients is a most wise investment; as you can insure the return of the patient within a few days when the price of another office treatment can be secured if there is need of more medical aid. If the patient be hardly able to pay the physician, he will be all the more likely to do so if no money has to be given to the druggist. And if the patient be a worthy poor one, we can do a double deed of charity at an extra outlay of only a few cents. The interests of the druggist need not be taken into consideration. The druggists have not consulted our interests in the past, but, on the contrary, have ever been

ready to deal out their proprietary goods or recommend their own remedies to those who ask for something to take for some real or imaginary trouble. With this great reduction in the price of tablets there will come a corresponding increase in the number of physicians who will dispense their own medicines.

We will be glad when fewer prescriptions are written.

Untoward Effects of Drugs. When we prescribe a certain drug it is with the expectation that certain effects will surely follow. When such, is not the case we are surprised and class the results among the unexpected and untoward effects of drugs. Again, when a certain drug proves of service to a woman we do not hesitate to give the same to man; for neither Bartholow nor Hare make any distinctions as to sex, unless it be in the dose. Even in the case of the new animal extract, Thyroidine, we understand it is equally good for male and female. Now what is causing us much anxiety is this: As another new extract, Ovarine, is recommended for "Nervous Prostration, Sexual Frigidity, Sterility, Irritability, and Morbid Appetite," what would be the result if it were given to a man for one or more of these affections? In the advertisement of this extract we notice that a physician says he is giving it to a patient and shall continue it "until the patient becomes pregnant." Is this to be the test that we are getting the full physiological effects? If so, how are we to know when to cease giving it to a man? Is the same test to be applied here? Is there danger in the use of this drug that we may become a bi-sexual race? Is such a result desirable? Or are we to give the Ovarine to our male patients just up to the point when they are about to become pregnant and then stop? Probably, however, the real truth is that we are to use this extract freely in man and not fear the pregnancy; thereby proving that Ovarine has, in the male, this untoward effect, it will not make him pregnant.

A Word of Caution. We notice again that Ovarine is recommended for "Irritability." If there is anything conducive to this condition it is the strain of a public career. Now a large number of the advocates of the emancipation of woman have never known the joys and sorrows of married life; but, united by love to their life's work they go about the country advocating their doctrines from the public rostrum. Of course they must become "irritable" by this constant wear and tear, to say nothing of the annoyance arising from newspaper jibes and jokes. To all such women, who are in the least irritable, Ovarine is recommended, but not by us. In the place of such advice we give a word of caution: remember, too much of this extract may cause pregnancy. A word of caution to the unmarried female—beware of Ovarine!

A Successful Medical Society. All those who have attended the meetings of the Medical Society for the past year will agree with us that these gatherings have been highly profitable. The meetings have been well attended and the papers have been of a high order. The discussions have been full and many of them equal to the papers discussed. We do not believe there is a Medical Society in existence that has done better work, and now that the time draws near for these gatherings to occur again we trust the interest of the past will be manifest from the very beginning. Editorial modesty compels us to call attention to the fact that all these discussions have been printed in these columns, with the ex-

ception of a few which were given to our New York Journal, *Food*, on account of their length. A large number of the original papers have also appeared in the latter journal. In other words, THE NATIONAL MEDICAL REVIEW never allows an opportunity to occur without an attempt to utilize it by bringing the work of the medical profession of this city more prominently before the profession of the whole country.

Co-education, a Failure?

The Woman's Medical College of St. Louis announces that "repeated trials of co-education, even under the most favorable auspices, have demonstrated its impracticability and have been successively abandoned." And yet this same school has a Faculty composed exclusively of men! At least, out of a published Faculty of twenty-four, there are but two who do not bear the names usually given to men. If co-education in medicine is such a gigantic failure, how can there be a faculty of *men* teaching a class of *women?* Has all the work of the past been so barren of results that women cannot be found competent to teach medicine to their own sex? Then the work might as well be abandoned. Even granting co-education in medicine to be a failure, does it not all the more clearly follow that male pupils should be taught by male teachers and female pupils by female teachers? There is such a bold inconsistency in the announcement as noted above that we are astonished it is allowed to remain on the outside cover page of one of our best exchanges.

Posterior Urethritis.

We do not suppose our columns will be complete without reference to the treatment of posterior urethritis. Scarcely an exchange can be examined of late without noticing either the whole of a recent illustrated article on this subject, or reference to the same by liberal extracts. What is the matter? One would imagine the whole American people to be afflicted with this disease!

Enough to Cause the Disease.

An exchange says that "bromethylformine, a derivative of formol, is an excellent substitute for the potassium salts. The bromethylformine is particularly indicated in those individuals who exhibit idiosyncrasies against the latter medicament. The ingestion of bromethylformine is exceedingly advantageous in all epileptiform manifestations." This is in about the same simple style that would follow the frequent use of such words as methylbenzonethoxyethyletetrahydrophyridinecarboxylate.

The Diphtheria Bacillus.

At a recent meeting of the New York Pathological Society, Dr. William H. Park read a paper on Diphtheria and Pseudo-Diphtheria Bacilli. The question is, what is the true relation between the virulent diphtheria bacilli of Loeffler and the so-called pseudo-diphtheria bacilli? The conclusion is that a bacillus, similar in all essential characteristics with the virulent diphtheria bacillus, except for its lack of virulence, is a fairly common inhabitant of the healthy throat. While the non-virulent form has been derived from the virulent, yet the virulent has not been derived from the non-virulent. In order for the proof to be complete that these two forms are varieties of the same bacillus, both the above must be proven; therefore, as yet the proof is incomplete. Dr. Park says he has carried out a large number of experiments with the result that in cultures from 330 non-diphtheritic throats, in 22 there were present the virulent bacilli of Loeffler; in 21, non-virulent characteristic bacilli; and in 29, Hofman's pseudo-bacilli. The important conclusion is reached that there

are probably two varieties of the Loeffler diphtheria bacilli; they agree in all particulars with the exception that one variety has no virulence when injected in animals, and do not produce toxines. This variety is found in healthy throats. Dr. Park also gives another variety which is "probably not the Loeffler diphtheria bacillus." This is found in healthy throats and more rarely with diphtheria bacilli in cases of diphtheria. Reference to this work can be found in the *Medical Record* for August 18, and will be most interesting reading to all those who followed the recent discussions on diphtheria as given before the Medical Society of this city, and printed in this journal. Dr. Park's work will cause consternation in the ranks of those who have made such positive claims. As we understand it, Dr. Park has proven that the only method whereby it is possible to give a positive diagnosis in a suspected case of diphtheria, is to make the usual laboratory tests; and, in addition, to inoculate animals in order to ascertain whether the germs are virulent or not. There are, then, two varieties of the diphtheria bacilli, differing only in their effects on animals; the one virulent, the other not; the non-virulent may be derived from the virulent, but as yet, the virulent has not been derived from the non-virulent. We commend these thoughts to those members of the Medical Society who were pleased to class the remarks of other members as so far behind the times; while said remarks were almost in exact accord with these latest conclusions. The question now arises, what is the true value of the laboratory tests for diphtheria as carried out in this city? Can they, in the light of these recent observations, be regarded as absolutely conclusive?

Since writing the abovewe have read an article in the *Western Medical Reporter*, by Dr. J. C. Roberts of Peoria, Ill., in which there is a review of recent work in this line. The author admits that the Klebs-Loeffler bacillus is the cause of diphtheria, yet he says that contagiousness depends upon the virulence, which latter depends upon the rich natural soil found in the ulcerated pharynx. The bacteriologists, Roex and Yersin, found over fifty per cent of all mouths examined infected with the Klebs-Loeffler bacillus, and these cases were selected in places where diphtheria had never been known. In view of all this we are ready to again ask the question we asked months ago, at a meeting of the Medical Society of this city: Cannot certain benign bacilli which are found in the healthy throats of healthy organisms be so aroused by a change in their environments that they will take on malignant properties?

The New Health Officer.

After three years of service as Health Officer of this city, Dr. C. M. Hammett tendered his resignation to the Commissioners on the 31st of July. The vacancy thus created was at once filled by the appointment of Dr. W. C. Woodward, who, for some months, had the office of Coroner. Since his graduation only five years ago, Dr. Woodward has been Resident Physician in the Emergency Hospital, Coroner, and now begins a work of great magnitude. It is not often that such an opportunity for making a magnificent record comes to an individual, and it never does but once in a lifetime. That the present Health Officer will grasp the situation no one in the least doubts. If any body of men should be pleased with the appointment of a Health Officer it should be the medical profession; and we believe we are not going too far in stating that no appointment ever gave better satisfaction to the local profession.

The New Coroner. We would also congratulate ourselves in the appointment of the new Coroner, Dr. C. M. Hammett. Dr. Hammett has been an active practitioner in this city for over a quarter of a century and is well qualified for his duties. We are indebted to him while in the Health Office for many courteous interviews.

Abbreviations. Abbreviations are things we do not like, as previously announced in these columns. But our exchanges do not all agree with us, and a few still insist in crediting extracts to the *Jour. Am. Med. Ass.* As the *Journal* has but one resemblance to the long-eared animal, in that its voice is heard for a very long distance, we can see neither propriety nor sense in continuing such reference. As there is but one *Medical Record*, and as there is but one *Medical News*, so there is but one *Journal*. It is *The Journal* of the great medical profession of this country. We do not speak of the *Medical Record* as the *Medical Record* published by Wm. Wood & Co., and edited by Dr. Geo. F. Shrady. We simply say the *Medical Record*, and that is all. Therefore, let us speak of *The Journal*, and drop all superfluities.

Hypodermic Use of Cocaine. In a paper read before the Medical and Surgical Society of this city, by Dr. Wm. P. Carr, and published in the *Virginia Medical Monthly*, the author gives the results of quite an extended experience with cocaine, used hypodermically, in minor surgery. The author gives a table of 282 cases which shows the varied uses to which this drug can be put. He says that the use of cocaine about the mouth is usually unsatisfactory, and disagreeable symptoms are often produced. The effect is also confined to a small area, is incomplete and transient. Dr. Carr says he has never had dangerous symptoms follow the use of cocaine except in one instance, where it was used in the mouth, and this was a case of extreme susceptibility. He also says that hypodermic injections of cocaine can be used in inflamed and highly sensitive tissues without the slightest pain; but then, again, it is never necessary to insert the needle at an excessively tender spot. The author injected one grain of cocaine in about the middle of the extensor surface of his own fore-arm, and found, in eight minutes, loss of sensation following the cutaneous branches of the radial nerve down to the middle finger, forming a strip of cocainized skin eight or ten inches long and not over an inch in width. A four to eight per cent solution is used. The article concludes with giving nine rules, which if carefully observed, will cause no complaint to arise from this use of cocaine. We notice the author states that whisky intensifies the effects of the drug; but a hypodermic of strychnia is an antidote.

Death of Dr. Charles J. Osmun. We have to record the death of Dr. Charles Johnson Osmun of this city. Dr. Osmun was born October 10, 1845. In 1872 he graduated from Washington University, Baltimore, and in 1875 from the College of Physicians and Surgeons, of Baltimore. About ten years ago he came to this city to enter upon the practice of his profession. When Congress passed the law relative to the prevention of diphtheria and scarlet fever, Dr. C. M. Hammett, Health Officer, placed Dr. Osmun in charge of all details necessary to the enforcement of the law. He received reports of cases, affixed signs, destroyed clothing, etc. In the fulfillment of these duties he contracted diphtheria and died after a brief illness. Dr. Osmun was a good, conscientous practitioner of medicine and won and merited the respect of all who knew him.

He leaves a widowed mother to mourn the loss of one who was her pride and comfort in her declining years.

A New Specialty. A full-page advertisement in one of our exchanges starts off with the statement that "physicians do not need arguments now to convince them of the advantages of Specialism." The advertiser then announces that he has catered to the liquor trade of that city for thirty years and now "desires to announce to the medical profession that he is a *Specialist* in his line." "As an *expert* he presents himself to the profession." St. Louis always gets ahead of every other place!

All Our Own. Congress gives $12,000 for Emergency Hospital; or an addition to Columbia Hospital, $10,000; for the National Homeopathic Hospital, $8,000; and $4,000 to enforce the provisions of the act to prevent the spread of scarlet fever and diphtheria in the District.

Be on Your Guard. Look out for the *Cincinnati Medical Journal!* The publishers announce that each issue will contain "Striking Features." Are we to have full-page illustrations of the Editorial Staff?

Reading it vs. Taking it. In speaking of a preparation of castor oil, called Laxol, the editor of an exchange says: "It is absolutely palatable, as will be seen by reference to ou advertising pages." Having tested this preparation we believe the editor is right; for it is palatable *when seen on the advertising page*, and that is all.

Changes in the Clinique. We are pained to notice the death of Dr. George N. Wagner, the assistant editor of the *St. Louis Clinique*. He was drowned while bathing, and so was his companion who went to the rescue. The new editor of the *Clinique* is Dr. Emory Lanphear, who was called from his old home at Kansas City to assume the chair of Surgery in the St. Louis College of Physicians and Surgeons.

One Hundred Years of Business Life. This unusual announcement comes to us from the house of Schieffelin & Co. During this century of existence six changes have occurred in the composition and name of the firm. We have known this house for many years as an "old and reliable" one; but we had no idea we were dealing with a firm which reached back to the time when the seat of the National Government was located at Philadelphia and when Washington was President. In a pamphlet of fifty-six pages we are given the history of this successful house, together with many interesting incidents in the history of our country. In 1805 we are told that "files of newspapers show that they advertised largely." So much history is given in these pages that we find most interesting reading outside of any relation to this house. We are also pleased to notice such a fine piece of printing. There are a number of illustrations, many of them of the finest steel.

The Forum. The September number of this journal has an article which will create an immediate demand for it among the medical profession. It discusses the Pay of Physicians and is contributed by Dr. George F. Shrady, the Editor of the *Medical Record*. As this subject is always very dear to the heart of the active practitioner, and as Dr. Shrady always writes in a most entertaining style, we predict a wide reading of this number by the profession.

The Popular Science Monthly. The August number of this monthly contains a number of articles of interest to medical men who love a little science outside that of medicine. One article, exactly in line with professional work, is contributed by Mrs. L. E. Hogan. The author writes on Milk for Babes, and reviews the most recent work on the proper feeding of infants. Not a number of this journal is issued without containing something of interest to medical men.

LOCAL PERSONALS.

Dr. John S. Billings is in Europe.

Dr. J. Thomas Kelly has an article in the *Virginia Medical Monthly* for July on a case of Double Ovarian Abscess.

Dr. J. C. McGuire has an article in the *Virginia Medical Monthly* for July on a Clinical Study of Alopecia Areata.

On Sunday, June 17, occurred the death of Dr. P. Glennan. He was the last surgeon of the United States Volunteers who was mustered out of service. For twenty-six years he was the executive officer of the Freedman's Hospital.

Dr. John S. Billings has been appointed Deputy Surgeon in the Medical Department of the United States Army.

Dr. James R. Church has been appointed resident physician for the Emergency Hospital, and Dr. Robert M. Smith, assitant-resident physician. These positions were obtained as a result of a competitive examination.

The *New York Medical Journal* for July 21 gives the remarks of Dr. H. D. Fry before the American Gynæcological Society, recently held in this city, on the Treatment of Face Presentations.

Dr. George M. Kober of Fort Bidwell, Cal., formerly of this city, sends us a reprint on the Etiology and Prevention of Infectious Diseases; also a reprint on the Study of the Soil in Relation to Health and Disease.

The editor of the *Buffalo Medical and Surgical Journal*, in speaking of the work of Dr. I. S. Stone of this city says: "Dr. Stone's work is highly creditable to himself and to his profession."

The *Pacific Medical Journal* says that Dr. Llewellyn Eliot presented the subject of Placenta Prævia before the American Medical Association "in an able manner and to a very interested audience."

Dr. E. C. Balloch contributes an article to a recent number of the *Medical News* on the Relative Frequency of Fibroid Processes in the Dark Skin Races.

Dr. I. S. Stone gave a report of twenty-five abdominal sections, in a late number of the *Maryland Medical Journal*. This is the third series of his Second Hundred Cases. These were all performed between October 3 and January 10, last. Three deaths occurred in this series.

Dr. H. D. Fry gave the address of welcome at the opening of the American Gynæcological Society recently held in this city.

Dr. D. S. Lamb has on article in the August number of the *New York Journal* on Gynæcology and Obstetrics, over seven pages in length.

Dr. Magruder Muncaster has an article in the *New York Medical Journal* for July 14 on the Importance of Pleasant Medication.

The remarks on Tuberculosis given before the Medical Society by Dr. Robert Reyburn appear in the *Medical Age* and in the *Kansas Medical Journal*.

Dr. I. S. Stone reports two cases of Intestinal Obstruction, in *The Journal* for August 4.

Dr. H. L. E. Johnson contributes some very interesting letters to *The Journal* on matters of professional interest occurring in this city.

The Health Officer is investigating the case of a registered physician signing a death certificate for an unregistered doctor who could not do so according to the laws of the District.

Dr. H. L. E. Johnson has organized a maternity service in connection with his work in the Medical Department of the Columbian University. We know of nothing more directly in line with the best interests of a school or its students.

Dr. Wm. P. Carr has an article in the August number of the *Virginia Medical Monthly* on Local Anæsthesia—Rules for the Hypodermic use of Cocaine.

Dr. F. T. Chamberlin has an article in the same number on Hypertrophy of the Lingual Tonsil.

The editor of the *Virginia Medical Monthly* gives a full-page description of the President of our Medical Association, Dr. G. Byrd Harrison, in the August number of his journal.

The July number of *Food* contained a paper by Dr. Wm. P. Compton, on the Prevention of Tuberculosis; and also the report made to the Medical Society on the Restriction and Prevention of Tuberculosis, said report being signed by Drs. Stowell, Bryan and Balloch. This number also contained the Discussions on Tuberculosis by Drs. Sternberg, Billings, de Schweinitz, Walsh, Johnston, Hoehling, Reed, Smith, Richardson, Murray, Ward and Reyburn.

The same number of this journal contains six pages of Proceedings of the Medical and Surgery Society of this city, as reported by Dr. Llewellyn Eliot. The following members are recorded as taking part in the discussions: Drs. Magruder, Reyburn, Dufour, Bovée, L. Eliot, I. S. Stone, J. Eliot, E. L. Morgan, Mayfield, J. D. Morgan and Sohon.

The August number of *Food* contains an article by Dr. S. S. Adams on Practical Aids in the Nursing of Young Children.

Dr. J. Foster Scott contributes an article to the *American Journal of Obstetrics* on the Treatment of Periuterine Inflammation.

THE PROGRESS OF MEDICINE.

A New Combination. The editor of the *Journal of the American Medical Association* says it is only good surgery to remove all placental products from the uterus after abortion.

"Delay means the danger of septicemia and this danger may be averted by removing the cause by means of a *curette with brains*—the fingers. But, mark you, let those fingers be strictly, surgically sweet and clean, or fuel is added to the fire, and the doctor instead of a life and health-giver becomes an assassin who stabs the friend who trusted in him."

Prevalence of Consumption. In speaking of the prevalence of consumption, the Washington correspondent of the New Orleans *Times-Democrat* says: "This is an alarming state of things of which the Government will have to take account, and for which it will some way or other have to devise a remedy. It cost $1,500,000 to eradicate contagious pleuro-pneumonia from United States herds, and the amount of contagious pleuro-pneumonia was not a tithe of the amount of tuberculosis which at present exists. So many milch kine alone are infected with it, says Dr. Salmon, of the Bureau of Animal Industry, that, if they be all killed, 'fresh milk will cost as much as champagne.' It would be well for us not to forget that of all our cattle, and especially of all our milk-givers, at least 5 in every 100 are infected with tuberculosis; which disease, appearing most commonly as consumption in the human subject, is easily communicable both through meat and through milk. Common prudence would suggest the necessity therefore of boiling all milk before it is administered to anybody.'

Cold Water to Scalp. The present fashion in young boys and even men in cutting the hair close to the scalp, both in summer and winter, is a cause of disease of the ear. It is a well-recognized fact that we hear with the skin of the scalp and the bones of the head, and irritation by dampening the skin impairs the hearing, and when cold water is applied too freely it will produce coryza and earache. Again, young girls saturate their hair in bathing and then allow the air to dry it. Bathing caps should be always used under such circumstances. The hair is a great protection from cold, and during the winter should be used to protect the scalp and throat. The new form of clipper by which the hair is cropped very close is a cause of earache, likely to follow inflammation of the middle ear, especially if the person is afterward placed in a car or carriage or cab, and the wind allowed full play on the part.—*Medical and Surgical Reporter.*

After Treatment in Tonsillotomy. R. C. Myles gives the following in the *International Journal of Surgery:*

The after treatment of tonsillotomy consists in the use of the following mixture, which is to be slowly sipped in case of bleeding from the faucial tonsil:

℞ Tannic Acid ..... ʒ vi.
Gallic Acid ..... ʒ ii.
Aqua ..... ʒ v.

Ice water and lemon juice poured through the nostril with a medicine dropper are also very effective in bleeding from the third tonsil.

Treatment of Coryza. From the *Therapeutic Gazette* we learn that in the *Tribune Médicale* the following directions are given for the treatment of acute coryza: (1) Confinement to the room; (2) washing of the nose, three times daily, either by snuffing up the medicament, or by irrigation with infusion of eucalyptus leaves, or simply a glass of water as hot as can be borne, to which is added a soupspoonful of carbolic lotion, 1 to 20; (3) every two hours after having blown the nose, a pinch of the following prescription:

℞ Chlorhydrate of cocaine .... .10
Menthol ..... .20
Salicylic Acid ..... .50
Boric Acid ..... 4.
Powder of marshmallow .... 10.
Make into fine powder.

(4) if the frontal pain is extremely severe, take three or four times a day a pill made up according to the following prescription:

℞ Crystallized nitrate of aconitine, gr. $\frac{1}{60}$;
Bromhydrate of quinine, gr. xvi;
Licorice powder.
Make ten pills.

(5) when there is irritation of the skin, smear the nasal orifice and the upper lip with

℞ Vaseline, 10 parts.
Boric Acid, 1 part.

The Cost of Drink and Tobacco. Senator Hoar of Massachusetts, in replying to a speech against the accumulation of wealth, said: "Mr. President, there is more than $1,000,000,000 a year expended in this country for the single articles of beer and whisky alone. Adding to that imported liquors; adding to that several hundred million dollars expended for tobacco, and you have probably an expenditure of fifteen hundred or two thousand million dollars annually in this country for those things, which if not vices are at least self-indulgences. I think before you distribute the property of the rich man, man for man, among the people, you want to know some way by which you can distinguish between the man who has earned the money and has laid it up, as these men have in their savings banks, and the other man who has earned his money and might have it if he chose to lay it up, but has preferred to spend it in whisky and in tobacco."

Treatment of Hemorrhoids. Dr. Charles B. Kelsey of New York sums up the matter as follows:

If you wish to radically cure your patients with the least possible pain, loss of time, confinement to the house, and risk of accidents—use the clamp and cautery.

If you wish to accomplish the same result with no more risk, but with more pain, more local and general disturbance, and longer confinement—use the ligature.

If you wish to take an hour to do what can as well be done in a minute, and gain nothing by it in results—use Whitehead's operation.

If you wish a palliative treatment which is not a radical cure except when sloughing is produced, which is not often attended by accidents which will cause great annoyance to yourself and the frequent desertion of your patients, and which is not free from very grave risks—use carbolic acid injections.

Alcohol in Disease. In writing to the *Physician and Surgeon*, Dr. Bryan of Detroit writes thus on the use of alcohol in diphtheria:

"It is my belief that it is in diphtheria that the most dire results are to be observed. In that disease the vast majority of cases die by asthenia, or else by sudden failure of the heart. To what is this sudden cardiac paralysis due? The elucidation is as follows: In the grave cases there is almost invariably a subnormal temperature, together with great muscular prostration. Also it is a physiological fact that a decrease of the temperature slows nervous conduction. As the system is made colder the

nervous force flows slower and slower. In diphtheria the heart muscle is very weak, the temperature falls, the lessened nervous energy but feebly animates the muscular fibers, and so actual paralysis ensues, death closing the scene almost instantaneously. Now, in such a state of imminent danger, brought about by such causes, what could be worse than to administer an agent which notably reduces temperature, and at the same time enfeebles muscular power? May I add, What would be the remedy in such a condition? and I answer, *External heat freely applied to the whole surface of the body.* This will prevent the cardiac paralysis whenever it is preventable."

Posterior Hypertrophies of Turbinated Bones.

"Just a word here about these enlargements at the posterior end of the turbinated bones, although it is more applicable to adults than to children. In a large number of patients, we see but very few actual cases of hypertrophy of the posterior end of the turbinates, and I mean by that enlargement of the bony tissue itself or organized hypertrophy of the softer structures. Most of these enlargements are temporary and are formed of dilated vascular structures, and they disappear when the normal function of the nose is established by the removal of permanent anterior occlusions. Many times I have seen what appeared to be thoroughly organized connective tissue hypertrophies in the posterior nasal orifices, disappear entirely within a week after anterior nasal operation, so that it is a safe rule to pay no surgical attention to these posterior swellings until real obstructions have been removed from the front of the nose."—*From report of clinic of Dr. Clarence C. Rice, in Journal of Pediatrics.*

Dangers of Cocaine.

In writing to the *Philadelphia Polyclinic*, Dr. G. C. Stout says there were forty cases of cocaine poisoning reported in '89–90, of which two were fatal. He says this number does not represent more than a very small fraction of the total number of cases which occurred during the time named. Hollapeau (*Academie de Med. de Paris*, Dec., '90) reports a case in which one-fourth grain of cocaine injected into the gums of a patient caused great excitement, which although soon over, was followed by a train of nervous symptoms which lasted for a period of four months, during which time the patient was unfit for mental work, owing to ocular defects and occasional paroxysms of nervous excitement alternating with fits of depression. At least seven cases of death from this drug have been reported and the constantly increasing number of milder toxic cases would seem to call for the more cautious and less general, not to say promiscuous use of cocaine in future.

A Successful Food For Infants.

It is a fact that very young children live in utter contempt of modern chemistry. An artificial food may be prepared precisely according to the results of a chemical analysis of human milk, and yet such a food may not nourish a child as he would be nourished at his mother's breast. In an article in the *New York Medical Journal* for July 21, Dr. Nathan Oppenheim, physician to the Children's Department of Mount Sinai Hospital, of New York, says that "a really perfect artificial food has not been found, and in all likelihood will not be found." What we demand is a food that is easily accessible, cheap, easily prepared and, above all, that will nourish the majority of children approximately as well as if they were not deprived of their natural nourishment. Dr. Oppenheim gives his experience in ninety cases with a food which he thinks approaches as nearly to the requirements as any yet discovered. The preparation is a simple one, and can be made with ease and certainty. It is prepared as follows:

Mix a full teaspoonful of flour and half a cup of cold water; to this add twelve ounces of boiling water and boil for ten minutes in a double boiler. Remove the inner vessel and add to the mixture another twelve ounces of cold water and half a teaspoonful of maltine. Allow it to stand for fifteen minutes in order to let the diastase act upon the starch. Replace the vessel in the boiling water and boil again for fifteen minutes. This mixture, after being strained, should be added to an equal quantity of *fresh* milk. Naturally, one may change the proportion of milk according to individual cases.

The author then analyzes his ninety cases and finds that seventy-seven were between three weeks and fourteen months

of age. Of this number, sixty-three "improved immediately and continued to thrive" under this new food. Thirteen required some additional treatment, and only one showed no improvement. Thirteen cases were over fourteen months and under twenty-six months of age. "All took kindly to the food and thrived upon it." All ninety cases were suffering from disorders of malnutrition or malassimilation, such as gastritis, enteritis, or both. In many of the cases the patients were unable to retain anything on the stomach until this food was given.

The District of Columbia Medical Act; as presented to Congress.

An act to regulate the practice of medicine and surgery; to license physicians and surgeons; and to punish persons violating the provisions thereof, in the District of Columbia.

WHEREAS, because of the absence of a law to ascertain the qualifications of individuals desiring to practice medicine and surgery in the District of Columbia, it is made a resort of persons who are excluded from the practice of medicine and surgery in other States by laws in said States requiring evidence of such qualification:

BE IT ENACTED by the Senate and House of Representatives of the United States of America in Congress assembled:

SECTION 1. That the Commissioners of the District of Columbia shall appoint a board of examiners which shall be known as the Board of Medical Examiners of the District of Columbia; said Board shall consist of nine members, five members to be selected from a list of not less than ten names submitted by a majority vote at some regular meeting of the Medical Society of the District of Columbia, three members to be selected from a list of not less than six names submitted by a majority vote at some regular meeting of the Washington Homeopathic Medical Society, and one member to be selected from a list of not less than two names submitted by a majority vote of the Eclectic Medical Society of the District of Columbia; of the members of the board first appointed three shall be appointed for one year, three shall be appointed for two years and three shall be appointed for three years, and thereafter each member of said board shall be appointed for a term of three years, or until his successor is appointed: *Provided*, That no member of said board shall serve more than two terms in succession and that no member of said board shall have been engaged in the practice of medicine and surgery in the District of Columbia for less than ten years at the time of his appointment; *and provided further*, that the Commissioners of the District of Columbia may at any time remove any member of said board, upon petition by the Medical Society by which said member was first nominated, and that in case of the death, resignation or removal of any member, the vacancy for the unexpired term of said member shall be filled in the same manner as other appointments are made.

SEC. 2. That each member of said Board of Medical Examiners of the District of Columbia shall, before entering upon the discharge of his duties, take an oath to administer fairly and impartially the provisions of this Act; said board shall elect a president, vice president, a secretary and a treasurer; it shall have a common seal, and the secretary shall be empowered to administer oaths in taking testimony upon any matter pertaining to the duties of said board; said board shall hold meetings for examination in the city of Washington on the second Thursday of January, April, July and October of each year, continuing so long as may be necessary to examine all applicants, and at such times as a majority of the board may deem expedient; said board shall keep an official record of all its meetings, also an official register of all applicants for examination for a license to practice medicine and surgery in the District of Columbia; said register shall show the name, age and place, and duration of residence of each candidate, the time he or she has spent in medical study in or out of medical school, and the names and locations of all medical schools which have granted said applicant any degree or certificate of attendance upon lectures in medicine, and shall show

the school of medicine which the applicant desires to practice. Said register shall also show whether such applicant was rejected or licensed under this Act; said register shall be prima facie evidence of all matters contained therein; it shall be the duty of the secretary of said board to mail to the address of each applicant a notice of the time and place of examination; said notice shall be mailed not less than seven days before the examination, and at a longer period if requested by the applicant at the time of making application; said board shall make such rules and regulations as they may deem necessary to carry into effect the provisions of this Act; said rules and regulations, when approved by the Commissioners of the District of Columbia, shall have full force and effect of law: *Provided*, That said board may elect a secretary from other than its own members, and when so elected said secretary may be removed at any time by a majority vote of said board.

SEC. 3. That from and after the passage of this Act all persons desiring to practice medicine and surgery in any of their branches in the District of Columbia shall apply to the said Board of Medical Examiners for a license so to do; applicants shall submit to examination upon the following named branches, to wit: anatomy, physiology, chemistry, pathology, materia medica and therapeutics, hygiene, histology, practice of medicine, surgery, obstetrics and gynæcology, diseases of the eye and the ear, medical jurisprudence, and such other branches as the Board may deem advisable; said Board shall not examine any applicant until satisfactory proof is furnished that he is of good moral character and over twenty-one years of age; nor until he has presented a diploma conferring upon him the degree of Doctor of Medicine, issued by some medical college authorized by law to confer such degree: *Provided*, That said diploma if issued prior to July 1st, 1897, shall be accompanied by satisfactory evidence that said applicant has studied medicine and surgery for not less than three years prior to the issue thereof, and if issued subsequent to June 30, 1897, shall be accompanied by satisfactory evidence that the applicant has studied medicine and surgery for not less than four years prior to the issue of said diploma. All examinations shall be both theoretical and practical, but of sufficient severity to test a candidate's fitness to practice medicine and surgery.

SEC. 4. That each application for license shall be made to the Secretary of said Board of Medical Examiners upon a form prescribed by said Board and approved by the Commissioners of the District of Columbia, and shall be accompanied by a fee of twenty dollars; each application shall be in the hands of the secretary of said board not less than two weeks before the day set for examination; each application shall state the full name and address of each applicant, his or her age, the place and duration of residence of said applicant, the time he or she has spent in the study and practice of medicine in or out of medical schools and hospitals, the names and locations of all medical schools which have granted said applicant any degree or certificate of attendance upon lectures in medicine and surgery, the school of medicine which the applicant desires to practice, and such other information which the board may require; said information shall be furnished under oath; any application may be rejected for refusal to furnish any of the information called for or for other irregularity; each application shall be kept on file by the secretary of the board.

SEC. 5. That examinations shall be oral and in writing; in all examinations the question must be, except in practice of medicine and in materia medica and therapeutics, such as should be answered in common by all schools of practice; and if the applicant intends to practice homeopathy or eclecticism, the member or members of said board of the schools selected by him shall examine said applicant in practice of medicine and in materia medica and therapeutics; the votes of all examiners shall be "Yes" or "No" for the respective branches and written with their signatures upon the backs of the examination papers of

each candidate; said examination papers shall be kept on file by the secretary of said board for five years and shall be prima facie evidence of all matters contained therein.

SEC. 6. That if any applicant shall pass such examination as is hereinbefore provided for in a manner satisfactory to seven members of said Board of Medical Examiners of the District of Columbia, said board shall issue a license, signed by the president and the secretary thereof, and attested by its seal, which shall entitle said applicant, after it has been registered as hereinafter provided, to practice medicine and surgery in the District of Columbia: *Provided*, That a license shall be issued without examination to each physician, a graduate of any medical college of good standing, who is registered at the Health Office at the time of the passage of this Act. All licenses issued by said board shall be numbered consecutively, and a register shall be kept by the secretary showing the number of each license, the date of issue and to whom issued.

SEC. 7. That the Board of Medical Examiners of the District of Columbia may by a vote of seven members refuse to grant or may revoke a license, or may cause the name of any person to be removed from the record of the Supreme Court of the District of Columbia and from the register of the Health Office, for the following causes, to wit: chronic and persistent inebriety, the practice of criminal abortion, conviction of crime involving moral turpitude, or for publicly advertising ability to treat or cure diseases; in complaints under this section, the accused shall be furnished with a copy of the complaint and be given a hearing before said board in person or by attorney. Said board may at any time within two years from the refusal or revocation of a license or the cancellation of registration under this section, by unanimous vote, issue, without examination, a new license to the physician so affected, restoring to him all the rights and privileges of other physicians licensed under this Act.

SEC. 8. That any person receiving a license as hereinbefore provided shall have it recorded in the office of the Clerk of the Supreme Court of the District of Columbia within three months from the date of said license, and the date of record shall be indorsed thereon by said clerk; and the holder of the license shall pay to the recording clerk a fee of fifty cents for making the record; the holder of said license shall, after the same has been recorded, exhibit the same at the Health Office and register in a book, provided for that purpose, his name and address; whenever a license is revoked by said board the secretary thereof shall report that fact in writing to the clerk of record and to the Health Officer of the District of Columbia, who shall thereupon cancel such registration.

SEC. 9. That this Act shall not apply to commissioned surgeons of the United States Army, Navy or Marine Hospital service nor to regularly licensed physicians and surgeons in actual consultation from other States or Territories, nor to regularly licensed physicians and surgeons actually called from other States or Territories to attend specified cases in the District of Columbia; nor to physicians, graduates of medical colleges in good standing, already on the register at the Health Office, who shall be required without examination to register their names with the Supreme Court of the District of Columbia and at the Health Office and shall in all other respects be subject to the rules and restrictions of this Act; nor to dentists in the legitimate exercise of their profession; nor to midwives, registered at the Health Office of the said District, in the management of uncomplicated cases of obstetrics; nor to the treatment of any case of actual emergency; nor to the use of ordinary domestic remedies without any fee, gift or consideration of any kind being given in return therefor.

SEC. 10. That any person shall be regarded as practicing medicine and surgery within the meaning of this Act, who shall append the letters M. D. or M. B. to his or her name, or who shall prescribe, advise or apply for the use of any person or persons, any drug or medicine or other agency, or who shall perform

any operation for the treatment, cure or relief of any bodily injury, infirmity or disease, or who shall publicly profess to do any of these things.

SEC. 11. That from and after the passage of this Act any person practicing medicine and surgery in the District of Columbia without having first obtained a license to so do and register the same herein provided or in violation of any of the provisions of this Act, or any of the rules and regulations made by authority conferred by Section 2 thereof, or after his license, or registration, or both, has been canceled by order of the Board of Medical Examiners of the District of Columbia, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be punished for each offense by a fine of not less than fifty nor more than five hundred dollars, or by imprisonment in the District jail for a period of not less than ten nor more than ninety days, or by both such fine or imprisonment; it shall be the duty of the United States District Attorney for the District of Columbia to prosecute all violations of the provisions of this Act.

SEC. 12. That the secretary of the Board of Examiners shall be paid for taking testimony the same fee that is allowed to an examiner in chancery for the same service; the expense of the said board and of the examinations shall be paid from the license fees herein provided for, and if any surplus remain on the 30th day of June of each year, the same may be divided among the members of said board, pro rata to the number of examinations at which they have been present during the preceding year.

SEC. 13. That all acts or parts of acts, general or special, now existing not in accordance with the provisions of this act, or inconsistent therewith, be and are hereby repealed.

THERAPEUTIC NOTES.

"Erysipelas is not a disease of the ear."—*Reflector.*

Doctor—Do you ever suffer from sleeplessness?

Wagster—No. Whenever I can't sleep I just imagine that it's eight o'clock in the morning and I have been called twice for breakfast.—*Reflector.*

Dr. Angelo de Bellomi, of Città di Amandola, Italy, July 22, 1893, says:

"I am pleased to inform you of the successful results by the use of your Bromidia as hypnotic and sedative. I prescribed it for a lady suffering from severe vomiting due to pregnancy, and which threatened to cause abortion from denutrition. I had previously tried opium, chloroform, creosote and oxalate of cerium, all without effect. I gave ten drops in a little sweet wine three times a day before meals. The vomiting ceased the first day, four days later I was able to discontinue the use of Bromidia, and now after a month there has been no return of the vomiting, and the patient is perfectly well.

It is said "all roads lead to Rome"—but there can be no question but that the voices which come from Rome, whether they be ecclesiastical, scientific or humane, come with an authority which cannot be controverted. No less positive in this respect as among the various features of its work, we cite the special award made by the late International Medical Congress in favor of William R. Warner & Co. of Philadelphia. This firm was given the silver medal in recognition of the superior excellence of their pharmaceutical products.

We of our own land hardly need this indorsement to either create or strengthen an approval of Warner & Co.'s varied manufactures. They have been with us so long, have been in the front at all times among preparations of their class, that if they were faulty in any way, the "strong light of the throne," which is ever on the leaders, would have disclosed it long since. But it is pleasant to know that in all climes, among all tongues and before the most august critics, they continue to maintain their pre-eminence.

In an article in the *Virginia Medical Monthly*, Dr. James D. Rush highly recommends the use of antikamnia and salol in typhoid fever. He prescribes them in two and one-half grains each, as put up in tablet form. He says this treatment "promises all that can be desired in the treatment of low and continued fevers and bowel complications."

"A lady reader wants to know if we believe in cures by 'laying on of hands.' We do, madame, we do, most fervently; but a slipper or pine shingle is better." —*Reflector.*

A letter from the McArthur Hypophosphite Company of August 13, says: "Our sales have increased materially in Washington this year." An important thing in the manufacture of hypophosphites, lime and soda comp., such as McArthur's Syrup is pure raw material. The manufacturers of McArthur's Syrup claim that their chemicals are pure. Impure hypophosphites cause precipitation, a milky mixture the result. Impure sugar also brings trouble to the manufacturer. The appearance of McArthur's Syrup fully substantiates the claims of its purity as it is an elegant and effective preparation. For growing children it is especially beneficial at this season of the year.

Dr. G. Frank Lydston, Surgeon in Charge of the Masonic Hospital of Chicago, says: "As a nerve tonic and alterative Arsenauro is far superior to the auri et sodii chloridi—heretofore the only gold preparation. In chronic inflammatory and degenerative processes affecting the nervous system, the bromide of gold and arsenic (Arsenauro) is a most reliable remedy. In the late lesions of syphilis, particularly those of the nervous system, I have found Mercauro of great value. It is valuable in both late and early syphilis, in cases marked by extreme debility, or attended by some complicating cachexia. As is well known, this class of cases is apt to prove troublesome under ordinary anti-syphilitic measures."

"The flea is the dog's best friend. It keeps him from being lazy and feeling lonesome."

"A man is not hated until successful."

There is no doubt about the value of Cactina Pillets. In heart troubles, especially those of neuralgic character, weak heart, exhausted energies, some neurologies and nervous prostration, Cactina Pillets will prove curative.—Joseph C. Ellis, A. M., M. D., Frankfort, Philadelphia, Pa.

Sulfonal as an Antispasmodic. Although Sulfonal has been chiefly utilized as a hypnotic, it has repeatedly shown its value as a motor sedative in diseases characterized by spasm, such as tetanus, epilepsy, chorea, asthma, whooping cough. Dr. Andrews has called attention to its remarkable antispasmodic power in relieving the cramps of fractured limbs, while others have observed the same effect in reflex spasms of the legs from rheumatism, contusions of the muscles, etc. Drs. Allison and Morgan Vance have found Sulfonal serviceable for controlling pain and spasms in rectal surgery, by the administration of twenty grains in the evening. Excellent results have been obtained from its use in tetanus by Berenyi; in chorea by Croner, Jeffreys; and in epilepsy by Hinsdale, Dercum, Bannatyre and others. With regard to its action in epilepsy Dr. Dercum states that both the violence and the frequency of the spasms are diminished by very moderate doses and that it can be administered for quite long periods in place of the bromides, thus enabling the patients to rally from the depressing effects of the latter. Dr. Bannatyre found it of value even in those inveterate and incurable cases where the bromides have little or no action and where the attacks are very numerous and attended with over-excitability of the brain. In cases of asthmatic seizures, obstinate hiccough and chorder the antispasmodic properties of Sulfonal have also been resorted to with advantage. Dr. Barclay of Aberdeen has found it very useful in asthma and delirium, Coates and Andrews in hiccough and Falkner in chorder. It should be borne in mind that these results may be derived from moderate doses, that the remedy is free from narcosis, and that after-effects are due to improper methods of administration.

"Some folks seem to think that 'dieting means *die eating*.'"—*Reflector.*

Dr. H. A. Bend, of Wheeling, Ill., writes to the MEDICAL REVIEW his experience with Tritaca, as made by the Searle & Hereth Co., of Chicago. In a case of Urethritis and Cystitis he found the inflammation rapidly subsided and on the fourth day the patient was well. The mucous membranes were in a normal condition; symptoms all subsided, and the patient pronounced cured.

I have given Peacock's Bromides a thorough trial, and have since then invariably prescribed it in preference to other preparations of its kind. During my trip across the ocean, I gave it to several passengers who suffered a great deal from sea-sickness, with very beneficial results.—J. Wilmoth, Ph. D., M. D., New Orleans, La.

The Antikamnia Chemical Co. is determined that if it is a possible thing the physician who prescribes their products shall get nothing but the genuine article. With this thought in mind they have withdrawn all their old stock from the market and are replacing it with new. Every package of powder or tablets is so wrapped and sealed and resealed, as to render counterfeiting impossible. Each tablet now bears the imprint of a monogram. The latest tablet issued is only composed of antikamnia and codeine.

Dr. G. Frank Lydston, Surgeon in Charge of the Masonic Hospital of Chicago, says that "as a nerve tonic and alterative Arsenauro is far superior to the auri et sodii chloridi—heretofore the only gold preparation. In chronic inflammatory and degenerative processes affecting the nervous system, the bromide of gold and arsenic (Arsenauro) is a most reliable remedy. In the late lesions of syphilis, particularly those of the nervous system, I have found Mercauro of great value. It is valuable in both late and early syphilis, in cases marked by extreme debility, or attended by some complicating cachexia. As is well-known this class of cases is apt to prove troublesome under ordinary antisyphilitic measures."

"I have found Bromidia excellent in delirium tremens accompanied by insomnia; also in the delirium of typhoid, and in bronchitis with neurasthenia following influenza.

"In the case of chronic nephritis, where all kinds of hypnotics, anti-neuralgics and analgesics had failed to give relief, Bromidia, in doses of a teaspoonful morning and evening, gave relief at once; and in a few days effected a complete cure. After such encouraging results, I am sure Bromidia has a brilliant future before it."

Dr. William A. Hammond of Washington, D. C., reports an aggravated case of Lithæmia to the *New England Medical Monthly*. The patient was suffering from derangement of the nervous system and digestive apparatus. The small articulations were also affected. The mental depression was so great that the question of suicide was seriously considered. The digestive system was so affected that nausea and pain were almost constantly present. It appeared to make no kind of difference what food was taken. The patient had been under the care of several physicians but without benefit. Dr. Hammond prescribed two bottles, one gallon, of the Buffalo Lithia Water of Spring No. 1 to be taken each day. No restriction was placed on the diet whatever. At the end of two weeks all the distressing symptoms had disappeared and there was no excess of uric acid in the urine. Dr. Hammond says the patient will have no relapse if he drinks a bottle of Lithia Water every day for some months.

Dr. R. M. Collins, of Lookout, La., says he has had several dozen bottles of Sanmetto and he has never seen anything equal to it for properly selected cases. In cystitis and in all chronic troubles of the genito-urinary organs Sanmetto has given entire satisfaction to himself and his patients.

In an article in the *Alkaloidal Clinic* a writer says he has given chloroform over a thousand times without any untoward effects. He always gives from two to six cactin granules dissolved in water about ten minutes before commencing the inhalations.

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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Intra-Nasal Use of Cocaine.

A writer in a late number of the *Philadelphia Polyclinic* has been giving some notes on the intra-nasal use of cocaine with the object of showing that this drug is oftentimes of a most dangerous character. He declares that the percentage of people who are easily poisoned by cocaine is comparatively large. One case is reported which we quote precisely as given by the author:

"Mr. D., aet. 26; machinist; robust health. Sawing operation on septum. Used cocaine, just sufficient to barely anesthetize parts. Patient calm and had no dread of the operation, but "fainted" before operation had proceeded far. After lying down and taking whisky and strychnia, the operation was proceeded with. Loss of blood trifling. Patient complaining only of feeling of weakness; heart weak and fast—*stopped three times in course of operation on account of threatened syncope.* An hour after operation he walked home, and no sequelæ."

The italics are our own and it is to these we wish to call particular attention. It is noticed that this surgeon ceased his work "before operation had proceeded far," and also that he stopped three times before his work was completed. This reminds us of a case which has recently come under our observation where the patient came to have a spur removed from the septum. This had been attempted before by a surgeon who partially completed the work after nearly an hour's labor. Upon asking the patient why so much time was consumed he replied that after the surgeon would make a few strokes with the saw he was obliged to stop until all hemorrhage had ceased in order that he might guide the saw properly. For an ordinary sawing operation on the septum such as our Philadelphia surgeon reports, it is impossible for us to conceive how it was necessary to stop during the operation so many times. The surgeon should be able to complete his operation so speedily that the fainting could all be done at one time, at its conclusion. We speak of this case at this length simply because in our opinion the large number of cases of so-called cocaine poisoning from intra-nasal use of cocaine are due to the fault of the operator rather than to the drug.

Appendicitis.

Dr. Byford of Chicago contributes an article on Appendicitis to a late number of the *Kansas City Medical Index.* In speaking of the prognosis Dr. Byford says that probably not 3 per cent of all attacks prove fatal. Many are so mild as to be treated for indigestion or colic by the patient herself or her physician. Of those diagnosed by the physician,

about 5 per cent prove fatal. If we group the severer cases together, the mortality will run up to 15 or 20 per cent.

The most important question to determine in mild cases is not always how much danger there is in the attack, but what will be the patient's chances of surviving the more or less numerous subsequent attacks that she will be liable to, and upon this the propriety of a resort to operative interference will largely depend.

Speaking of the treatment he says that mild cases without tumor, or with only a soft elongated mass perceptible and unaccompanied by extensive tympanitis or very great tenderness should be subjected to medical treatment only.

In the beginning, the colon should be unloaded by saline laxatives, aided, if necessary, by enemata. Hot fomentations over the abdomen with occasional applications of turpentine stupes to keep the skin a little tender, should be faithfully used throughout. After the bowels have been evacuated it may be necessary to give an anodyne. In such cases the smallest amount of morphine, guarded by atropine, that will insure quiet should be allowed, and only when absolutely necessary, and should be withdrawn as soon as the acuteness of the symptoms will permit. Regularly repeated, full doses mask the symptoms, and by favoring the formation and accumulation of intestinal gases tend to aggravate the condition of the patient. An ice bag or cold water coil is both anodyne and sedative and would be preferable for a patient who bore the pain badly to a free use of opiates.

Operative treatment should be reserved for the evidence of perforation, when an abdominal section should be made. Whenever there are definite signs of a local abscess an incision should be made. The author gives directions for the abdominal section and the subsequent treatment.

In another article in a late number of the *Physician and Surgeon*, Dr. Ostron of Saginaw, Mich., says that the question of an operation often comes up to puzzle the attending physician. Yet Treves says that 80 per cent of all cases recover spontaneously. Gutman treated medically 100 cases with 4 per cent of deaths; while Talaman says 90 per cent of all cases get well without surgery. On the other hand he quotes Dr. Murphy as practically advising operation in all cases. The author says that the surgical procedure should have no terrors for the general practitioner, for if he is competent to lance a boil he can make the operation. It occurs to us, however, this is altogether too strong a statement. The author concludes his article in a humorous vein, as follows:

"Finally, gentlemen, after the operation is made, the physician in charge must hunt up the reporter of the daily press. He should prepare in the meantime a carefully written article and get it in the next issue as a matter of news. It is always best to have it fresh, otherwise it would be better to have a cut of the patient before and after the operation. But this means delay. If you cannot succeed in bluffing the reporter to insert it as a matter of news, you can pay for it, not exceeding $4.50 for each insertion. If the case has occurred in private practice, see to it that a copy is mailed to any one in the neighborhood who does not take the paper. It is foolish to write an article for a medical journal for it only reaches the profession and might do some good. It is the public you want, and the newspaper will serve you best."

This journal publishes full disscussions of all papers read before the Medical Society of the District of Columbia.

Treatment of Catarrh.

The Journal, for September 15, contains an article by Dr. E. Fletcher Ingals of Chicago, on "Cauterization of the Nares and Accidents that may follow." The point to which we wish to refer is the number of cauterizations which Dr. Ingals has found necessary in order to cure hypertrophic rhinitis, intumescent rhinitis and simple chronic rhinitis. He has the record of 2,600 patients who were cauterized 3,000 times, an average of about 1 1·5 times to each patient. With this large record he finds that there was not a single serious accident in any case. But the point is just here: After the cauterization the patient returns to him in four or five days. If another cauterization is necessary on that side or the other the patient returns in about three weeks. If patients come from out of town he makes one cauterization and asks them to return for another upon the other side, "any time that suits their convenience after three weeks," although he prefers to see them within two or three days after the operation. In this way practically all cases of hypertrophic or intumescent rhinitis may be cured. We speak of this because we have no sympathy with those physicians who keep these cases of catarrh coming to their office day after day, week after week, month after month, and often year after year. As we have frequently stated, the treatment of catarrh is surgical. Cases of rhinitis which have been treated with sprays for months and even years can often be permanently cured within a month and with a half-dozen visits on the part of the patient, as set forth by so eminent an authority as Dr. Ingals.

A New Sanitarium

We have understood for some time that Dr. I. S. Stone of this city was only waiting to secure a favorable location when he would open a private sanitarium, exclusively for the treatment of diseases of women. We are now informed that such a location has been secured in number 1449 Rhode Island Avenue. This handsome building has been thoroughly overhauled during the past few weeks, and Dr. Stone takes possession the first of this month. A prominent physician of this city recently said to us that it was a fact that the mortality was less in private than in public hospitals, and that the gynæcologist must have a sanitarium of his own if he wished to meet the very best success possible. We congratulate Dr. Stone on having arrived at a time when such a sanitarium is positively needed, and we congratulate him again on having secured such a desirable locatiion.

Public Displays of Deformities.

We have never ceased to condemn the disgusting advertisements of the Daggett Table Co., whereby the human form is unnecessarily displayed for the presumed object of calling attention to the practical uses of said table. But some medical writers are about as bad in the illustrations they furnish with their manuscripts. To show a diseased foot or knee it is not necessary that the whole body be exhibited; whereby the patient has his photograph generously distributed throughout a greater or less extent of territory and permanently preserved in many a medical library. When we consider how fickle is the wheel of fortune it occurs to us that it is not altogether improbable but that some of these parties in the years to come may have these undesirable likenesses thrust in their faces. If there is any class of men in the world who should be especially cautious about this unnecessary display of the human figure it is the class of medical men. How much better is such a display than the public display of de-

formities by beggars on the street? Such a display is a legitimate result of the unnecessary display already alluded to, as too generally approved by the medical profession. Speaking on this point a prominent weekly journal gives expression to the following:

"One of the results of the 'hard times' this season is the increased number of beggars on the streets, some openly soliciting alms, others making a pretense of selling cheap articles at a high price. Begging may be demoralizing, but it does no harm to those solicited, says an exchange. There is, however, a class of crippled and deformed persons whom all must pity yet who should not be allowed to expose their deformities on the public streets. Amputated, stunted and deformed hands and feet are not pleasant sights at best, and when such an object is thrust at one it is, to say the least, startling. The effect of such a shock to a highly nervous and irritable system, particularly to that of a woman, might result very seriously. Crippled or deformed persons should be prohibited by law from exhibiting their deformities in such a conspicuous way as to affect others unpleasantly."

The Art of Advertising.

It must be that the advertising agent of the company in this city which deals in Animal Extracts holds to the idea that the less a person knows of a drug the more likely will he be to use it; for never in the history of advertising have we seen anything which could be more confusing and less understood by the general public than the following, which is clipped from one of our daily papers and is expected to be read only by the non-professional:

"This preparation possesses all the Physiological and Therapeutical properties of the fresh glands, as ascertained by MacKenzie and others, and is preferable, inasmuch as it does not deteriorate with the lapse of time.

"It is of positive therapeutic value in myxœdema, exophthalmic goitre and eczema, and probably in other diseases attended with a depraved condition of the system.

"The dose is five minims, dropped upon the tongue, two or three times a day.

"Its action should be carefully watched, as some persons are exceedingly sensitive to its effects, though it is known from large experience that the dose advised will never, in adults, produce alarming symptoms, though they are almost always decided in character."

Pompous Words.

Dr. Edmund Andrews writes to *The Journal* on "Pompous Words in Medical Literature," calling attention to the fact that "it is the half educated man who dotes most on big words whenever he displays himself in writing. His old catheter never has an eye nor a hole in it, but a fenestrum. He does not have instruments but an armamentarium. He does not disinfect them by boiling, but by immersion in water elevated to the temperature of ebullition. He never distinguishes diseases from each other, but he differentiates or diagnosticates them. His patient's mouth is an oral cavity and his jaw a maxilla. If the eyelids are adherent, it is a case of ankylosymblepharon, and if there is a stone in the bladder it is an intra-vesical calculus. He never sees any bleeding, but only hemorrhage, or sanguineous effusion. In sewing up a wound he makes, not a seam, but a suture, and often he blunders, as some good authors do, by calling each separate stitch a suture. If he discovers wrinkles on the skin, they are corrugations. He never examines a limb by touch, but always by palpation. If he finds it hopelessly diseased, he deems it far beneath his

dignity to cut it off, but is quite ready to amputate it."

He gives the instance of a British surgeon who explains himself as follows:

"Septic peritonitis, save where definable from evidence wholly extrinsic to the condition of the peritoneum, is an etiologic entity which exists only in the mind of the pathologic metaphysician."

A Severe Case.

Directly related to the above is the following "severe case" as given in a late number of the *St. Louis Medical and Surgical Reporter:*

"Two weeks ago," says Dr. Cooper (*Medical Gleaner*), "I was summoned to the bed of Djoahnne Sdteometzhler. The involute and labyrinthinate tangle of his symptoms made me suspect at first that he had absorbed his own name. But further examination convinced me that he was the victim of typhomalariopneumophthisisicotrichnotetetanoataxionephreticosplenitis. Owing to the ubiquity of pathogenic bacilli, antiseptics are always indicated, so I exhibited calcium betanaphtholalphamononosulphonate. As the patient suffered from severe non-localized pain, I gave orthoöxyethylana-monobenzoylamidoquinoline, combined with salicylaldehydmethylphenylhydrazine. For his insomnia I gave trichloraldehydphenyldimethylpyrazolene.

"His wife asked me what ailed him and what I was giving him. I told her, and she said 'yes,' and turned very pale.

"Upon examining him on the next evening, I became convinced that the vital forces had misconstrued the remedies and that a congeries of retro-absorptions had resulted. I then wrote out the following prescription:

℞ Tetrahydrobetanaphtholamine,
Sodium thioparatoluidinesulphonate,
Orthosulphamidobenzoic anhidride,
Amidoacetoparaphenetidine--------āā ℥j.
M. Sig.—A tablespoonful every hour.

"When the wife presented the prescription to the druggist he instantly dropped dead! The patient is up and about, but something is wrong with his Broca's convolution—he mutters in a multi-syllabic lingo that is intelligible only to modern pharmacal chemists. I am in hiding where the spiral melody of the woodbine that twineth blendeth ever with the sweet, low, soothing, murmurous quadrasyllabic, rhythmic rune of the gentle polygonum punctatum."

A Plea for Public Anæsthetizers.

In the *Medical Record*, for August 25, the editor offers a plea for public anæsthetizers. Dr. Shrady says that to an observant spectator of operations in our hospitals it is a matter for surprise and wonder that fatal accidents so rarely result during the administration of anæsthetics. He says the proper administration of ether is really an art which few men seem to acquire to perfection. After discusing the question at some length the editor says he believes that the time will come when every large hospital will have a regular salaried anæsthetizer who will always be available, and who will enjoy the same confidence in his department as the pathologist does in his own. "Habitual good luck engenders carelessness; but there is no more striking example of the inconsistency of human nature than the fact that, while modern surgery demands the most scrupulous attention to details with regard to the preparation of the patient and the technique of the operation, there has been no corresponding improvement in this country in respect to the administration of anæsthetics." Some two years ago the NATIONAL MEDICAL REVIEW expressed itself on this point and advised young physicians not to be too ready to administer anæsthetics. In a city of this size there should be a limited number of well-trained phy-

sicians, possibly connected with our hospitals, who may be called upon for this purpose.

Hot Bread Wholesome.

According to a few modern writers the wholesomeness of any article of food depends largely upon the absence of all micro-organisms. The bacterial craze has reached such a stage that we have anti-communion cup, anti-kissing and anti-handshaking societies, while none of us scarcely dare eat an apple in the old-fashioned way without first subjecting it to a permanganate of potash and oxalic acid bath. Now comes a writer in the *British Medical Journal* who declares that new bread is more wholesome than bread that is older because the heat necessary to bake the bread is sufficient to kill all micro-organisms; while if the bread be cut and allowed to lie uncovered, not only harmless but also pathogenic microbes find their way into this excellent nutrient medium. The close followers of bacteriological theorists will now have to take their seats by the side of the oven and swallow the bread so soon as it comes therefrom.

Women Physicians.

Dr. Abeken says that "woman is not fit to practice medicine; she is not fit for the elaboration of the arts and the enlargement of the sciences, nor is she fit for politics." To say nothing of the sentiment expressed, is not this language incorrect? To properly express such modern thoughts would not the following be better? "Wimmen haint fit to practis medisin; she haint fit for the ebulation of the art of enlargement of them sciences, nor she haint fit neither for politicks."

The Worm Turns.

Under this title the *Medical Record* relates the case of a young medical man who has just been awarded damages for slander upon his professional skill by one of his patients. It is so often that we hear of a patient suing his physician for supposed malpractice that it is very refreshing to know some medical man has had the courage to turn the tables.

Danger in the Communion Cup.

Some writers will stretch the truth to its extreme tension in order to carry a point, while there are a few who do not appear to care even if the severe stretching causes a complete rupture. A clergyman in Rochester, N. Y., is credited with starting the communion cup scare afresh. He is reported as saying that "an epidemic of diphtheria, which recently cost many lives at San José, Cal., was traceable, without a shadow of a doubt, to the fact that many persons had partaken of wine from a communion cup which the lips of a diseased man had touched."

Desirous of ascertaining the truth of this statement, Dr. Bell, the editor of the *Sanitarian*, wrote to San José with the result that the secretary of the local board of health replied that "no such thing was ever heard of here; nor do I think there have been over two or three cases of diphtheria in the town during this many years." A letter recently appeared in the New York *Sun*, signed by a prominent clergyman of the Protestant Episcopal Church, which says, "the danger of a common chalice cup in the administration of the Holy Communion is certainly exaggerated, if, indeed, there be any danger at all. Thirty thousand clergymen of the Anglican Church consume what remains of the wine, after the other communicants have partaken, once every month at least, and the majority of them every Sunday; and I never heard of a case of infectious or other disease communicated in that way. I have done it myself for thirty years without a thought

of danger or any evil results following. A more healthy body of men than the clergy does not exist, as every life insurance company will testify. The scare about a common chalice is needless. The theory of danger is exploded by the facts in the case."

We agree with the editor of the *New York Medical Journal*, who says that "if these agitators continue to have their say without opposition, it is to be feared that the public will speedily come to look upon professional sanitarians as ridiculous."

A Disease-Proof Suit.

We understand the Patent Office has issued papers to an inventor for a "disease-proof" suit of clothes. It consists of a complete suit of rubber armor, somewhat resembling the dress of a diver. The suit is air-tight and it is supposed no disease germs can find their way within it. Beneath each foot is a small pair of bellows which, being compressed in walking, blows air through the armor. As the air enters the armor it passes through a germ-proof filter. When a boy we remember of standing before the suit worn by divers, awe-stricken by the terrific appearance of the head-gear. We canimagine the effect of such a suit as the one above described upon a sensitive patient just arousing from sleep as the physician enters the room!

Worry Kills More Than Work.

Dr. Remondino, of California, says that the average length of a physician's life in England is set down as being forty-five. In a table of estimates presented to the Congress of Hygiene in 1891, physicians, between the ages of twenty-five and sixty-five years, are given over double the death rate that affects the life of a clergyman. The life of the physician is really one of the pronounced unfavorable. When statistics show that a number of occupations are more conducive to long life, even when the persons thus engaged are closely confined, and when we understand that many physicians lead a free, out-of-door life, the question becomes quite perplexing. But when more carefully studied, we find we are the true exemplifications of the old adage that worry kills off far more than work, and it will also be found that in proportion to our sensitiveness our risks are proportionately increased. Dr. Remondino regards one great source of our medical nervousness as due to the internal condition of our own professional body. While we must not look for a professional Utopia yet there are some things we owe to ourselves.

The "Soul" and the "Swelled Head."

Years ago while at work in our laboratory a physician entered the room holding a piece of brown wrapping paper in her hand. She explained that in this paper she had the pituitary gland, recently obtained at a post-mortem. She wished us to make some careful sections of it in order that she might see the "seat of the soul." This looks like a strong story, nevertheless it is a true one. As we were unable to give to our scientific investigator any function to this gland, she departed declaring that if we knew of nothing else for which it was useful it was indeed probably true that Descartes had the right idea of the matter. Recent researches, however, upon the lower animals and closer observations on human beings in whom this body presented pathological conditions, conclusively prove that the pituitary is a trophic gland to the nervous system, "regulating the chemical composition of the ventriculo-spinal fluid by supplying needed neutralizing acids and eliminating the products of oxidation and metamorphosis." When

rabbits were deprived of this gland, and in human beings where the gland was diseased, there was marked "swelling of the head."

We cannot resist the temptation to note that it is a strange exchange for a soul to step down and out and have its old abiding place occupied by a swelled head!

The Teeth of School Children. Some quite remarkable facts are presented by Dr. John C. McCoy in a late number of the *Annals of Hygiene* on "The Teeth of Our School Children." Some of the facts he ascertained were that out of 500 pupils, from 10 to 18 years of age, "50 cleaned their teeth twice a day; 275 used the brush sometimes; while 175 did not own a brush. Notice, the ages were from 10 to 18. In the primary department of 200 pupils from 6 to 10 years of age, the teachers say they do not think there were ten children in the department who used a tooth-brush."

He suggests that the teachers be required to instruct and train the children in the proper care of their teeth, and insist upon their carrying out such instructions at home.

Recess at School. If any physician should take the trouble to carefully examine into the daily life of the scholar in the average school he would be surprised that the majority of the pupils ever grow to adult life possessed of a fair degree of health. The average school teacher is poorly paid, is often in poor health and is as often found carrying heavy burdens at home. These, with other reasons, conduce to make her thoughtless if not indifferent to the best welfare of her pupils. To give out the lesson, to hear the same and to punish recreant scholars—these are the three most important things in her mind. Study, for a moment, the condition of things at the time of recess. The overcrowded room has been occupied for a long time and the air is filled with impurities. The windows must not be opened for fear of a draught and the school authorities know nothing about the proper ventilation of buildings. At recess, the scholars enter heartily into play until they come back to the room with quickened circulation and perspiring body, only to find the air cold, making them chilly, as a result of having the windows opened during their absence. Or, if this is not the case, perhaps a few unruly or dull scholars are not allowed to go out with the others to play, and the impure air is still retained in the room. The hygienic life of the scholar in the school-room during the winter months is anything but favorable. The next great revolution, overturning the old order of things, will consist of shorter hours in school, more exercise, better ventilated buildings, better paid teachers and a medical superintendent.

Typhoid Bacilli Conveyed Through the Air. Many years ago it was the generally accepted opinion that the poison of typhoid fever, whatever it might be, was conveyed through the air. But when the fact was established that this disease was due to a bacillus, and when the life history of this particular microorganism was fairly well understood, the former theory was discarded and the one accepted that drinking water was the means of communication. Later, however, Professor Uffelman has made a series of experiments which show that the typhoid bacillus can be conveyed through the air in a dried state from garbage and clothing, and that it may retain its vitality for a number of days. If these experiments be confirmed new and more complicated

questions will have to be solved before we fully master the prevention of this disease.

Loss of the Hair.

Dr. Jackson reports one hundred cases of loss of hair to the *American Medical-Surgical Bulletin* in which he states that "neither the married nor unmarried state exercises any influence in the production of baldness." We are informed that the pronunciation of a large number of words is established by the custom of the best speakers of the time. We are also told that those laws are enacted which will satisfy the wishes of the majority of the public. With these facts before us we cannot possibly understand how Dr. Jackson can throw aside the "generally accepted opinion" of all the ages, and place himself in direct opposition to "all speakers and writers" from the earliest recorded history to the present time!

Bacilli on Playing Cards.

The *Annals of Hygiene* says that Dr. Rappan of Nantes has succeeded in detecting bacilli on playing cards. He examined packs of cards used in phthisical wards, and perceived that Koch's bacillus was present more abundantly on the thumb-mark, a circumstance which he attributes to the bad habit of players moistening their thumbs before dealing the cards. To be consistent, then, we must add to our anti-communion cup, anti-kissing and anti-handshaking societies an anti-card-playing society. Will some one now please come forward and show that on the tip of each cigar there is a multitude of pathogenic germs of all descriptions, and that to place one of these tips between the lips is to invite most disastrous disease?

Well-Posted Clerks.

A "press-clipping bureau" recently sent a letter to "Mr. Thomas A. Kempis" with a statement that all references to his work, "The Imitation of Christ," would be promptly sent to him for the usual fees. This reminds us that we recently picked up a book in one of the second-hand stores in this city, written at the time when Thomas à Kempis first produced his wonderful work, attempting to prove that the original "Imitation of Christ" was written some two hundred years previous; that à Kempis was an unlearned man and simply copied the whole book from its real author. The book is in Latin and bears the date of 1638.

Treatment for Nausea Following Anæsthetics.

The nausea and vomiting sometimes following operations are occasionally so persistent and distressing that the suggestion of any plan to relieve these conditions is most welcome. In an article on this subject, contributed to the September number of *Food* by Dr. Stavely, superintendent of the Garfield Hospital, the suggestion is made that lavage be tried. Dr. Stavely says he is not aware that any mention has been made of this treatment heretofore, but he has used it several times with considerable success. He reports seven cases, in four of which the relief was immediate and lasting, although other remedies had been tried and the vomiting had persisted for many hours.

Altogether Too Modest.—Female Physician Applicant—Is this the office of the Licensing Board?

Male Physician—Yes, madam.

F. P. A.—I would like a license to practice medicine in this State.

M. P.—You will have to be examined first.

F. P. A.—By you alone?

M. P.—No. Before the whole Board of Examiners.

F. P. A.—Before the whole Board? Why, this is terrible. I will never consent to it.

Days of Vitalized Extracts.

In these days when the literature on the virtues of the animal extracts is so abundant we would call attention to an extract from a reply to a toast given at the banquet of the Seventy-fifth Anniversary of the Medical Society of this city by Dr. A. F. A. King. As a comparatively small number of our readers were present to enjoy the rendering of this response, we here give so much of it as relates to the "living elixirs and vitalized extracts":

An extract of muscle for rheumatic pains,
A gray-matter extract to nourish our brains.
An extract of teeth for a man that can't chaw,
A maxillary extract to cure a lockjaw.

An extract of ocean to cure *mal de mèr*,
A hirsutic extract for those without hair.
A duodenal extract to serve a good turn
In healing the ulcers that follow a burn.
An extract made out of a whole population,
To rescue some housewife from sterilization.

Now if hearts, broken hearts cure, and livers cure livers,
If plasmodial spleens cure a man of the "Shivers,"
If fingers and toes cure up lame feet and hands,
And lymphatic extracts can cure diseased glands,
Let us grind up a corpus in one mammoth mixture,
Blood, muscles and bones, and every texture,
And make from this compound cadaveric pills,
'Twould a sure panacea be for *all* of our ills.

Of 1893 I need say nothing more,
But pass on at once to 1894.
We need not consult the books on our shelves
To learn that *this* epoch relates to ourselves.
So whatever we *are*, and however we're rated,
Whatever we say, must be *modestly* stated.
Now we all know that *we* are the real Simon Pures,
We've got the true science and use the true cures.
We care not, but smile, at the laughter of skeptics,
We *know* that we cure, for we use antiseptics.
Should a patient but snore while taking a dose,
With a guilded machine we spray out his nose;
Should another complain of his tonsils or larynx,
With a high-pressure engine we fizzle his pharynx.
Should a noise in the head rouse another one's fears,
We shoot some new germicide into his ears.

And so with all "natural alleys" and "lanes,"
Where the orgies of germs produce strictures and pains,
We no longer dally with powders and potions,
But charge on the germs with our carbolic lotions.
No matter how dire the disease, or how horrid,
It must yield to this, or to Hydrarg Bichlorid.
Some patient of course will *insist* upon dying,
A matter of fact: it is no use denying.
But observe: Of *our* treatment there's *more* to be said—
These same antiseptics *preserve* him when *dead*.

LOCAL PERSONALS.

Dr. A. R. Shands has an article in the *Virginia Medical Monthly* for September on the Treatment of Club Foot by Woolf's method.

The same number as the above contains an article by Dr. L. W. Glazebrook on Elephantiasis Arabum Crusis.

The announcement is made that some time during the month of October Dr. A. F. A. King is to be married to Miss Dexter of Boston.

Dr. Glazebrook is the new deputy coroner for the District. According to a recent act of Congress the deputy coroner can assume all the duties of the coroner in the latter's absence. For several years this position has been held by Dr. E. M. Schaeffer.

The *American Journal of Obstetrics* for August contains an article by Dr. Thomas C. Smith on Cases of Excessive Secretion of Milk.

G. Wythe Cook contributes an article to the same journal on the Treatment of Abortion.

The same journal also contains an article by Dr. E. L. Thompkins, reporting a number of cases of Mental Diseases Dependent on or Coincident with Diseases of the Generative Organs.

Dr. E. A. de Schweinitz has an article in a recent number of the *Therapeutic Gazette* on the Use of Trikresol as an Antiseptic for Collyria.

In the *Archives of Pediatrics* for September is an article by Dr. George N. Acker describing two Mirror Writers which have been under his personal observation.

In the last number of the *Alienist and Neurologist* the editor quotes Dr. Joseph Taber Johnson as one who says that he fears the present so-called conservative discussions will deter many from submitting to operation who greatly need such treatment.

Dr. D. K. Shute is the newly appointed visiting physician to the District Jail.

Dr. Robert T. Edes, formerly of this city, has a brief article in the *Medical Record* on Palatable and Digestible Milk.

In a late number of the *Maryland Medical Journal* Dr. Louis J. Lautenbach of Philadelphia contributes an article on the Treatment of Deafness in which he speaks of the work of Dr. J. A. Maloney of this city. It was five years after Dr. Maloney invented his otophone before Dr. Garey of Baltimore began the use of his vibrometer. The treatment of deafness by sound vibrations was without doubt first introduced by Dr. Maloney.

Dr. Robert L. Stavely contributes an article to the September number of *Food* on Lavage as a Treatment for Persistent Nausea Following the Administration of Anæsthetics.

Dr. Llewellyn Eliot contributes to the September number of the *Therapeutic Gazette* on the Treatment of Fractures of the Shaft of the Femur.

Dr. George M. Kober, formerly of this city, now located at Fort Bidwell, Cal., writes that during the winter of 1889 or the spring of 1890 he called the attention of the Medical Society of this city to the subject of the Restriction and Prevention of Tuberculosis. He says there was a most earnest and profitable discussion on the subject. He also writes that it is his intention to return to Washington this fall to remain permanently.

At the regular meeting of the Medical Association of the District of Columbia, to be held Tuesday evening, October 2, the following applicants will be considered for membership; Drs. Wilford M. Barton, William A. Caldwell, George M. Carlisle, Mabel Cornish, Robert H. Dodge, Harry T. Harding, Duffy G. Lewis, Argyle Mackey, Francis P. Morgan, Edward E. Morse, Nathaniel Bowditch Morton, Austin O'Malley, Thomas Robinson, N. B. Shade, Aurelius R. Shands, Clarence A. Weaver.

THE PROGRESS OF MEDICINE.

The American Disease.

It is a remarkable fact that many of the most valuable discoverise in materia medica have been made by laymen, and not until after a lapse of years adopted by the scientific world. The marvelous stories told by travelers of the uses to which the leaf of the Erythroxylon Coca was put by the South American Indians, were received *cum grano salis* by the general reader and met with ridicule from the medical world, and not until recently was attention really fastened upon the "miraculous leaf," as it was called by early writers.

The fact that the Indian traveled for days carrying heavy burdens without food, being sustained by the leaf only, demonstrated its powers in sustaining vital energy and restraining tissue metamorphosis. This suggested its use in Phthisis and all forms of anæmia, in debility following fevers and after surgical operations. Coca has now taken its place as a reliable remedy in many conditions, such as sleeplessness, despondency, and as a general and heart tonic and invigorator. Its property of strengthening the voice, due to its being a tensor of the vocal cord, makes it very useful for the singer and public speaker, and it is are liable aphrodisiac without being irritating.

Ordinary Coca Wines have some value in promoting digestion due to their stimulating properties, but many of the wines on the market are improperly prepared or have too high a percentage of alcohol, which impairs the true therapeutic properties of the Coca. Among the later preparations, one known as "Maltine with Coca Wine" has attracted our attention. The well-established reputation of maltine as a food and digestive agent and as a vehicle was a guarantee that the combination of maltine with a carefully made Coca Wine prepared from fresh leaves and containing a small percentage of alcohol, would prove a valuable acquisition to our list of elegant pharmaceuticals. When it is known that each ounce of Maltine with Coca Wine contains enough diastase to digest thirty ounces of starch at the bodily temperature and all the active principles of thirty grains of assayed Huanaco Coca leaves, its value will be readily admitted.

"The American Disease," an irritable heart combined with indigestion and nervousness, so common among our business men and almost universal among women of the upper classes, presents a problem of ever-varying embarrassment to the clinician. Alcoholics may mitigate the symptoms of this condition temporarily, but lead to disastrous results. To try to give relief with opiates is little less than homicidal. Maltine with Coca Wine is an ideal combination in these cases, not only on account of the Coca but from the food and diastasic values of the maltine, and is not followed by habit symptoms, for when the condition is relieved, the remedy is no longer needed and its withdrawal is not followed by depression. In this particular, Coca differs from all other stimulants and narcotics.

A well-known writer happily characterizes the dual action of Maltine with Coca Wine in the following graphic manner: "The Coca boosts the patient and the maltine furnishes the peg that prevents him from slipping back." Other tonics afford only temporary stimulation with nothing to prevent the subsequent reaction.

Hypodermic Use of Cocaine.

In a recent number of the *Virginia Medical Monthly*, Dr. William P. Carr of this city contributes an article on the "Hypodermic Use of Cocaine." Dr. Carr says that if the following rules are observed there will be no complaint as to the results:

1. Keep the syringe in good working order, clean and aseptic. Use a small sharp needle and boiled water.

2. Use a four to eight per cent solution.

3. Disinfect the part with a sublimate solution one to one thousand, or one to five hundred before using.

4. In making the first injection choose the least sensitive spot central to the site of operation and near the nerves leading to it. This may be an inch or

even two inches distant. Inject, at first, only a third or a fourth of the quantity you expect to give.

5. If possible put a rubber ligature around the part above your injection. Make this ligature just tight enough to stop the circulation and prevent bleeding while you are operating. It need not be tight enough to cause much discomfort. This prevents constitutional symptoms and prolongs the local effects.

6. Wait until you get the effect of the first injection, which may be five minutes, or even ten or twelve minutes if it was placed deeply. Then make all subsequent injections by passing the needle through the skin where it has lost sensation and running it along under the skin in the direction indicated.

7. Before beginning to operate, pass the needle all around and beneath the field of operation, to see if all parts have been thoroughly anæsthetized. If not, inject a little more at the sensitive spots.

8. If sutures are needed, place them before removing the rubber band; but do not tie them until the band is removed and the bleeding checked. Sensibility soon returns after removing the ligature.

9. If a large dose has been used, and constitutional effects are feared, put the ligature back after the operation, and leave it for an hour or so. I have found that whisky intensifies the effects, but that strychnia relieves them promptly, and I consider a hypodermic of strychnia the best antidote to cocaine poisoning.

Work for the Health Office. The editor of the *Maryland Medical Journal* says that physicians in the District of Columbia who are pressing a bill for the regulation of the sale of milk little know what is in store for their health officer after such a bill is passed. In Baltimore such a law has been operative for several months and while unlike the land of Canaan there is no honey, yet our placid and fearless health officer is daily causing the streets of Baltimore to flow with what certain persons call milk, but what the Commissioner claims is something else. The milkmen, tiring of having their wares so summarily disposed of, have united in some of the outlying districts and intend to test the law and engage an opposing chemist to establish just what good milk is. Some of the more irate dealers in chalk and water and swill products have even suggested that our health commissioner would look well in a dress of tar and feathers, but according to last reports that busy officer was getting his eight hours' sleep a night, untroubled save by heat and mosquitoes. The outcome of this resistance to the law will be looked for with interest and there is no doubt that some good will come from it.

Salophen in Diseases of Children. Dr. Richard Drews (Allg. Medicin. Central Zeitung. No. 60, 1894) has treated with Salophen fifteen cases of acute articular rheumatism in children varying from 7 to 14 years. In five cases one or both knee joints were affected, in four both ankles, in four both shoulder joints, and in two all the joints of one side of the body. The remedy was administered in accordance with the age in doses of 0.3 to 0.5 gm. every two hours, and 3.0 to 5.0 gm. pro die, and in no instance was any influence upon the heart noted. In the majority of cases the pains were already relieved on the first day and vanished completely at the end of three to four days; the temperature always fell to normal in the course of three to four days coincidently with the subsidence of the swelling. Salophen therefore has the same effect in acute articular rheumatism as salicylate of soda, while free from its unpleasant sequelæ, such as gastric disturbances, tinnitus, vertigo, cardiac depression. An equally satisfactory result was obtained in five cases of severe acute muscular rheumatism of the muscles of the neck in which a cure was effected at the end of three days. As an antipyretic Salophen proved serviceable in various febrile diseases, typhoid fever, scarlatina, pneumonia, tuberculosis, acute tonsillitis, the temperature being reduced 1.5 to 2 degrees C. in the course of half an hour. As an antineuralgic it acted admirably in a number of cases of migraine in children varying in age from 8 to 13 years, the pains being completely relieved by two or three doses.

BOOK REVIEWS.

Flint's Practice of Medicine. A Treatise on the Principles of Medicine. Designed for the use of Students and Practitioners of Medicine. By Austin Flint, M. D., LL. D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine in Bellevue Hospital Medical College, N. Y. New (7th) edition, thoroughly revised by Frederick P. Henry, M. D., Professor of the Principles and Practice of Medicine in the Woman's Medical College of Pennsylvania, Philadelphia. In one very handsome octavo volume of 1,143 pages, with illustrations. Cloth, $5.00; leather, $6.00. Philadelphia: Lea Brothers & Co., 1894.

It is not probable that a more accomplished writer on medical topics ever lived than Austin Flint. His descriptions of the clinical history of diseases stands unrivaled and will remain unimpaired by time. It is a pleasure, therefore, to have a work of this kind brought up to date so far as the treatment of the various diseases is concerned, especially when the work of revision is done by so competent an authority as Professor Henry. When Professor Flint issued the first edition of his work he had already enjoyed thirty years' experience as a teacher and physician. As the other editions appeared they were further enriched with results of clinical observation which were probably unparalleled in extent and variety. It is interesting to note that the basis of this work began over thirty years before its first appearance, while the author lived to work for more than half a century upon it. It is said that Professor Flint wrote with his own hand 16,922 folio pages of manuscript. In this new edition Professor Henry has omitted general sections on pathology, which, he says, is in conformity with the present custom of relegating that subject to special works. It is in the department of therapeutics that the greatest changes have been made. Here the editor says he has selected only those new remedial agents which have withstood a thorough clinical test. Over twenty years ago we first consulted Flint's Practice of Medicine and we expect to live to do the same for twenty years to come.

A System of Genito-Urinary Diseases, Syphilology and Dermatology. By Various Authors. Edited by Prince A. Morrow, A. M., M. D., Clinical Professor of Genito-Urinary Diseases in the University of the City of New York. With illustrations. In three volumes. Vol. III, Dermatology. New York: D. Appleton & Co., 1894. Sold by subscription only. Price $6.50 per volume in cloth; $7.50 in sheep.

This volume completes the "System" which forms a systematic and practical treatise on genito-urinary, venereal and skin diseases. These three volumes present a complete picture of the knowledge of these diseases and will serve as a compendium of reference for many years to come. Owing to new and improved methods of investigation we now have a clearer insight into the intimate nature of many morbid conditions of the skin which a few years ago were unknown or identified with other dermatoses. This volume contains no fewer than forty diseases now recognized as distinct clinical entities for the first time. An immense amount of work has been done of recent years in the study of the etiology and bacteriology of diseases of the skin. As a result we now know that certain affections which were previously regarded as wholly unrelated to each other have a pathological unity. One valuable addition is found in a table giving the combined returns of the American Dermatological Association, tabulating over 200,000 cases of skin diseases so as to show at a glance the statistical frequency in this country of each particular disease. The illustrations are unusually fine, a large number of them being reproduced directly from photographs. There are a number of full-page colored illustrations reproduced by the coloritype process which gives a most startling representation of the various diseases. There are twenty-seven contributors to this volume and with one or two exceptions, each is a professor of dermatology in one of the various medical schools of this country.

Hare's Text-Book of Practical Therapeutics. A Text-Book of Practical Therapeutics, with Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. With special chapters by Drs. G E. De Schweinits, Edward Martin and Barton C. Hirst. New (4th) edition, thoroughly revised and much enlarged. In one octavo volume of 740 pages. Cloth, $3.75; leather, $4.75. Philadelphia: Lea Brothers & Co., 1894.

In less than four years after the appearance of the first edition of this work the publishers find it necessary to issue a fourth. The advantage of this to the purchaser is that the author has had the latest opportunity to re-write

and add to many of the articles on drugs and diseases, and to insert practical information concerning the value of the really useful new drugs. A number of new articles appear in this edition, and we especially note one upon "Mineral Springs and Climatic Treatment." Enough is stated under this head to give the general practitioner an idea of the therapeutic value of certain well-known resorts in order that he may offer rational advice to his patients as to where they should go in search of health. Several new articles have been inserted on the treatment of individual diseases. There is but one explanation of the popularity of this work and that is to be found in the author's ability to convey a practical knowledge of his subject. He happily links together the description of drugs with their application in the cure of disease. The work is divided into four parts. Part I, General Therapeutical Conditions; Part II, Drugs; Part III, Remedial Measures Other Than Drugs; and Part IV, Diseases and Their Treatment. The drugs are arranged in alphabetical order and so are the diseases, thus making it possible to turn to them without delay. It would be impossible to imagine a work more practical in nature, and it is not at all surprising that it should meet with such a large sale. As this number of our journal will reach hundreds of medical students, we advise them to consult the work before purchasing others of its kind.

Abbott's Bacteriology. The Principles of Bacteriology. A Practical Manual for Students and Physicians. By A. C. Abbott, M. D., First Assistant, Laboratory of Hygiene, University of Pennsylvania, Philadelphia. New (2d) edition. In one 12mo volume of 472 pages, with 94 illustrations, of which 17 are colored. Cloth, $2.75. Philadelphia: Lea Brothers & Co., 1894.

It is indeed a sign of the times when a second edition of a work on bacteriology is called for. The sign is still more evident when the author and publisher see their way clear to present a second edition with double the number of pages of the first, with the number of illustrations trebled, and with many of the new figures appearing in colors. It all points to the fact that there is a rapidly increasing number of persons who stand ready to avail themselves of every opportunity to acquire a practical working knowledge of the science of bacteriology. Dr. Abbott's work is not intended to cover the entire field of bacteriology, but describes only those species that are comparatively common, or of importance in enabling the student to acquire a fundamental working knowledge capable of wider application. So far as practicable the descriptions have been rendered more clear by the introduction of original illustrations. The fact that many of these are colored will certainly increase the usefulness of the work. The author starts out with the idea that the reader is unfamiliar with the subject, thus making his work of especial value to students. In fact, so few understand this subject that to omit this part of the work would be a serious fault. There is a very interesting chapter on Infection and Immunity, a chapter on the Study of Water and also a chapter on Testing Disinfectants and Antiseptics. The writer has a happy style of describing his subject, which makes his work very interesting reading indeed.

Attfield's Chemistry. Fourteenth Edition. Chemistry, General, Medical and Pharmaceutical; Including Chemistry of the U. S. Pharmacopœia. A Manual of the General Principles of the Science and their Application to Medicine and Pharmacy. By John Attfield, M. A., Ph. D., F. I. C., F. C. S., F. R. S., etc., Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, etc. Fourteenth Edition, specially revised by the Author for America to accord with the new U. S. Pharmacopœia. In one handsome royal 12mo volume of 794 pages, with 88 illustrations Cloth, $2.75; leather, $3.25. Philadelphia: Lea Brothers & Co., 1894.

The first edition of this chemistry appeared in 1867, and the author still lives, in 1894, to give us the 14th edition. Attfield's Chemistry is known as one which deals with the chemistry of every substance having interest for the followers of medicine and pharmacy. The author appears to understand the needs of students and has written to meet the demands of the same. The whole work has been kept within the limits of a learner's manual, and even those who desire a reading-book of chemistry, being unable to attend school, will find the language so clear they can readily follow its teachings.

Stories of a Country Doctor. By Willis P. King, M. D. Illustrated by T. A. Fitzgerald. Price 50 cents. New York: Bailey & Fairchild, 24 Park Place 1894.

This is a new edition of a book which has given wholesome amusement to many

a tired physician. The author certainly knows how to tell a good story and to tell it well. For he says:

"When a person knows a story that he thinks he should tell,
If he doesn't get to tell it, why, of course, he don't feel well."

The illustrations add very much to the text, as the artist enters thoroughly into the spirit. They are good, clean, mirth-provoking, side-splitting, uproarious, genuine stories which will be enjoyed by any one and which many a good story teller will find it difficult to match.

The Popular Science Monthly for October. This number presents an interesting table of contents. Probably the article of most interest to physicians is one contributed by Dr. J. M. French on "some lessons from centenarians." In this article Dr. French discusses marriage and long life and brings out some interesting facts. He says that "among the Massachusetts centenarians one in eleven of the women had never been married, while among the men the corresponding proportion was only one in twenty-three. Further than this, while there were three times as many women as men among the centenarians as a whole, there were six times as many among the unmarried ones. It would seem to be a fair inference that the effect of celibacy is less fatal to longevity among women than men. Nor is this other than might be expected, when we consider how helpless and dependent is an old man, and how unable to care for himself in the little niceties of life which contribute so largely to health and comfort, and how much less so in all these respects is an old woman.

"But it would be a manifest error to conclude that, because the average age of the married exceeds that of the unmarried, therefore this excess of longevity is due to the married state, unless it can first be shown that the individuals composing the two classes were originally in the enjoyment of the same degree of health and soundness of constitution; whereas, it is an indisputable fact those persons entering the married state are, as a whole, more robust and enduring, and hence have a greater natural expectation of life than those who remain single; and it is also evident that repeated marriages, and especially marriages late in life, are indications of a greater than usual degree of vigor and vitality. They are therefore in the nature of an effect, rather than a cause, of extreme longevity."

The Forum for October. The October number of this journal comes with an uncommonly interesting Table of Contents. This journal presents to its readers the latest results of original investigation and research in many fields of general and special interest. We trust a large number of our readers procured the September number which contained an article by the editor of the *Medical Record* on the Pay of Physicians. They will also find many articles of interest in this latest number. In an article by President Eliot of Harvard the author says that "the unknown is to the savage terrible; the dark has been dreadful, and evil has always been imagined of it; many highly civilized people have an aversion to things novel; but for us Americans so many new things have proved to be good things that we no longer look on what is novel with suspicion and distrust."

The West Virginia Medical Journal. The first number of the *West Virginia Journal of Medicine and Surgery* appeared in August, and after having suffered "many unforeseen and unavoidable delays consequent upon the destruction by fire of our entire plant." It is a journal of thirty-two pages and is to be devoted to the interests of the medical profession of West Virginia. It was indeed discouraging to have such disasters befall a journal at the time of its birth, but as it has a large territory all its own, there is no reason why it will not speedily reach a most desirable state of development.

Positively Ashamed.—"Madam, your husband is afflicted with appendicitis; but I think he will recover."

"Oh, doctor, I am so glad. Almost every family on the street has had a case of it, and I was getting positively ashamed."—*Reflector.*

THE
NATIONAL MEDICAL REVIEW.
VOL. III. WASHINGTON, NOVEMBER 1894. No. 9.
CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

The Diphtheria Bacillus.

In continuation of some remarks made on the diphtheria bacillus in the September number of this journal we would state that recent observations go to confirm the views there set forth. Drs. Parke and Beebe, connected with the Bacteriological Laboratory of the Health Department of New York, have recently made a report to their director, Dr. Hermann M. Biggs. The *Medical Record* for September 29 contains said report in full and is well worth the careful perusal of every physician. The report is the result of an examination of 5,611 cases of suspected diphtheria. In 3,255 of these, the Lœffler bacilli were found. That is, about 60 per cent of suspected cases proved to be true diphtheria. These investigators come to the conclusion that whenever the directions are accurately carried out this method of diagnosis can be thoroughly relied upon, although there are many circumstances which might open the diagnosis to suspicion. One question which was thoroughly investigated was the length of time which might elapse before all the bacilli would disappear from the throat after the disappearance of the membrane. In about half of the cases the bacilli disappeared within three days after said disappearance of the membrane; but in many cases they remain for a considerable time, and in two cases, out of a total of 600, nine weeks elapsed after the complete disappearance of the membrane before the throat was free from the Lœffler bacilli. Cultures were made from the throats of 330 healthy children. In 24 of these, bacilli were found which possessed all the characteristics of the genuine Lœffler bacilli, except that of virulence. The bacilli grew after a manner characteristic of virulent diphtheria bacilli, but, as stated, inoculations on guinea pigs proved them to lack virulence. In 8 of the 330 cases virulent diphtheria bacilli were found. An examination of the throats of 48 healthy children who had been brought in contact with diphtheria but as yet showed no signs of the disease, showed 50 per cent to have true diphtheria bacilli. In 40 per cent the lesions of diphtheria developed later. It appears from this that when children are brought in contact with cases of true diphtheria they may receive the bacilli in their throats, where said bacilli may remain for days or weeks before producing the characteristic lesions. Another fact brought out in the report is that the Lœffler bacilli are found in a small proportion of the throats of healthy individuals which do not produce any lesions and which after a time disappear altogether, so the person may not be aware of having any

throat disease whatever. The authors explain this by stating that it is a well-known fact that the Lœffler bacilli lose their virulence after a time and that these persons do not have the characteristic lesions of diphtheria because the bacilli have lost their virulence. With respect to the relation between true croup and diphtheria the report states that at the present time 80 per cent of all cases of croup in New York City are cases of true diphtheria. The mortality for true diphtheria averages at least 27 per cent, while for the pseudo form it is under 2 per cent. The authors state that the only true test when it is safe to allow persons recovering from diphtheria to again mingle with others is by repeated cultures to prove the absence of the bacilli from the throat. Where this is not practicable it is recommended that isolation should continue for at least three weeks after the disappearance of all membrane.

Directly following the above report in the same number of the journal referred to is an article by Dr. R. S. Adams. With the aid of an assistant, Dr. Adams sent 79 cultures from the throats of children whom he attended at the New York Foundling Hospital. The specimens were examined by Dr. Parke, one of the physicians who made the above report to Dr. Biggs. Of these 79 cultures 51 were made from throats that appeared perfectly healthy, and 28 from throats of children shortly after eruption of measles. In the 51 cultures obtained from healthy throats the Lœffler bacilli were found in 7 cases. Of these 7 cases only one developed any clinical symptoms of diphtheria. We have, therefore, 6 cases out of a total of 51 healthy throats in which the diphtheria bacilli were found which were not affected in any way by their presence. In the 28 cultures obtained from throats of children suffering from the measles the Lœffler bacilli were found in 10 cases. Of these 10 cases none showed any clinical manifestations of diphtheria. These were kept under observation for three months and yet no lesions of diphtheria appeared.

In this connection it might be well to mention the recent work of a number of investigators with the antitoxin diphtheria. A report is made of the treatment of 233 children after this method but with the rather high death rate of 23 per cent. The writer says, however, that in many cases the treatment was commenced at too late a period to be of any value. Proof is given that this was probably the case, because in 78 of the 233 cases treated during the first two days of illness with the antitoxin there were only two deaths, and in each of these tracheotomy had to be performed. One observer had treated 86 cases under the old plan of treatment, with 38 deaths, but later treated 128 cases with the antitoxin treatment, with only 17 deaths. This is a falling in the mortality rate from 41.7 to 13.2 per cent. The same writer has recently inoculated 72 children who had been exposed to the disease, with the result that only 8 per cent were attacked and these only to a very slight degree.

"He Wore a Muffler."

Thus his epitaph ran. We knew him well. He was a peevish man, always bordering on a collapse. The cold, crisp mornings of winter would find him a walking wardrobe. And most prominent of all was his huge muffler. He lived in a house closed to the sunlight and oppressive with stagnant air. When he went forth he took his constant friend, the muffler, with him. The cheering, stimulating days of spring brought no smile to his disappointed face. The morning rays of a July sun

could not dispel the wintry covering to his throat. He wore a muffler. He wore it in January and July; in April and in August. The muffler controlled the man, not the man the muffler. He suffered much from coughs and colds. He hawked at home, he hemmed in church, and he hawked and hemmed all through life. To him sunshine was corrosive sublimate; fresh air was prussic acid; and a good stiff winter breeze was nothing short of the white horse and his rider. Yet, warm as he was, he always carried a chill with him. Children ran away from him and tongues were paralyzed in his presence. He died a despondent, disconsolate and disappointed man. The physician said it was "general debility"; but common sense said it was "the muffler." Knowing his petulant temper and his patient wife; acquainted with his calamitous calculations and his pessimistic philosophy, we sincerely trust he has gone to a climate where mufflers are never needed.

Changed His Mind.

There was a deep frown of fierce determination on the editor's face. His mouth was firmly closed and his lips drawn tightly together. His pen was moving rapidly over the paper as he wrote an editorial against "The Use of Proprietary Articles." Just as Soule's English synonyms had been exhausted in the use of condemnatory phrases the office boy handed him the morning mail. Among the letters was an order for a full-page ad. at list prices of one of the very latest additions to our newer Materia Medica. The times were hard, some old reliable houses had withdrawn their patronage for a time, and the printer must soon be paid something. . . . Never having posed before as a novelist we now make this our first attempt and ask how the editor decided—in favor of the lady or the tiger?

The Refining Effect of Medicine.

A few days ago we had the pleasure of riding on the front seat of a cable car nearly the whole length of the Avenue with a physician who held a tablet-triturate medicine case in his lap, while he rested one foot on the top of the dashboard! Dyed hair, a thoroughly waxed mustache, a body carrying a small head on its shoulders, a large-headed cane in one hand and with pants rolled up—all are to be preferred to the boorish conduct of some loafers.

A Big Cut in Tablets.

Under this heading a late number of the *American Druggist* says that the recent price list of Parke, Davis & Co. shows a reduction in the prices of tablet triturates about one-third. This journal says that a very forcible illustration of the general use of these tablets was noticed when the Government last asked for bids for medical supplies. Instead of asking for the usual number of pills of various kinds and vast quantities of fluid extracts, there were lists of millions of tablet triturates. Now it is well known that Parke, Davis & Co. do not sell these tablets directly to physicians. In order to procure them, orders have to be given through druggists. The editor of the *American Druggist* says that "it is very difficult if not almost impossible for the tablet manufacturer to drum the physicians any longer. Several houses in that line have already gone out of business and others contemplate doing so, as very few houses in the tablet business can manufacture them as low as they are now sold."

Oliver Wendell Holmes.

Speaking of the death of this great and good man, the editor of the *Medical Record* says: "He has won the love, the admiration, the respect of two hemispheres; his influence has extended as far as the English language is under-

stood; his teachings have been a benefit to the whole human race. His loss is not one to be felt by one community. Boston cannot claim him, nor Massachusetts, nor North America. He belongs to the world.

"The ever-speaking presence in his charming books, the genial infusion therein of his cheerful spirit, the lofty tone of his pathos, the sound philosophy of his humanity, the soul-touching sweetness of his poetry, the subtle humor of his generous and loving nature, will keep him always with us through the never-ending flight of future days."

No Room for Improvement.

One of our exchanges says: "We are pleased to note that our genial friend and contemporary, the *Medical Mirror*, has adopted a new and improved title-page. There was no room for improvement in the contents, which are always bright, spicy and interesting."

We agree with the writer that the *Medical Mirror* is "always bright, spicy and interesting," but we regret exceedingly to learn that no matter how good the contents may be, there is still "no room for improvement." When anything arrives at such a state of complete perfection there is extreme danger that we may not have it long with us. This world of trials and tribulations and non-paying subscribers contains but very little which the imagination cannot picture as capable of being more perfectly developed. We mourn with the editor of the *Mirror* over his sad plight in having arrived at such a position. We know he does not believe he is there; but so long as he has a friend who does so believe it must be that said friend has preceded the *Mirror*, in his own estimation at least.

Boycotting Drug Firms.

At the last meeting of the American Pharmaceutical Association a resolution was passed which practically means a boycott of all drug firms that make a practice of supplying physicians direct with drugs to be dispensed to patients. This is because physicians are becoming more and more in the habit of dispensing their own medicines. Boycotting the manufacturers of the convenient parvules, granules and tabulate triturates will not help the matter in so far as making friends with the profession is concerned. The retail druggist finds his business seriously affected, probably by the appearance of this convenient way of dispensing medicine. If he wishes to get back his trade and retain what he has he had better try to cultivate a more friendly relation with the physician. This he can readily do by treating all physicians who come to his store alike and by ceasing in his efforts to steal the business of the physician through his counter-prescribing.

Cancer of the Face.

Dr. E. Oliver Belt of this city writes to the *Popular Health Magazine* that cancer, especially about the face, can nearly always be cured if seen by a competent physician before it has progressed too far. Dr. Belt says that fortunately most of these cases are found in very old people, who die of natural causes before the growths give much annoyance. Occasionally, however, we see them in patients between forty and sixty years of age, with whom they may become a very serious trouble, and even destroy life years before the allotted time. By proper treatment before too much tissue is involved cancer of the face can unquestionably be eradicated, and yet we see now and then cases that have passed beyond all help of the physician. Inquiry into the history of these hopeless cases will usually elicit the fact that the patient has allowed the trouble to reach the stage, owing *to the dread of having it cut out with a knife*, which may

have been recommended by his physician, or to escape this he has had applied some "cancer cure" that he has heard of or seen advertised, which has served only to irritate, and often rapidly extend the disease. The paste which Dr. Belt recommends in these cases is given on page 76 of the July number of this journal.

Busy Doctors.

From two medical journals of recent date we clipped the following, simply to show how great minds run in the same channels!

"A LAME EXCUSE.—How was it that Marion Sims, Flint, Agnew, Keating, Fordyce Baker, Sir Andrew Clark, Charcot, Billroth and others, had so much time for literary work? And yet their professional duties were certainly as pressing as any one's we know. It would seem that they felt the necessity of keeping their brains in good working order by writing; and if they thought so, no one could hardly be excused from saying, 'Oh! I can find no time for writing.''

The other article reads:

"THEY HAVEN'T TIME.—How often do physicians of average practice say: 'Oh, I haven't time to write for medical journals. I am too busy.' How was it that Marion Sims, Flint, Agnew, Keating, Fordyce Barker, Sir Andrew Clark, Charcot, Billroth and others, had so much time for literary work? And yet their professional duties were certainly as pressing as any one's we know. It would seem that they felt the necessity of keeping their brains in good working order by writing. There is not a physician that we know who hasn't the time, barring laziness or indifference."

One of these clippings appears as an item and the other as an editorial. This reminds us of one of our own exchanges which had in its May number thirty-two items, *twelve of which were taken without the slightest change from the March number of our New York journal, Food, without giving us any credit whatever and without the use of quotation marks even.*

Physiology in the Schools.

Dr. J. J. McMain of Lynn, Mass., contributes an article to the Cincinnati *Medical Journal* on "Physiology in the Public Schools." The author deplores that condition of things which allows the pupils of the grammar and higher grades to continue their studies without any reference to obtaining a knowledge of the exact physiological laws that govern their physical and mental systems. He believes that the occasion of the greatest miseries in this life, both temporal and spiritual, are largely found in the dense ignorance in which our youth are kept relative to this most vital subject. It is indeed strange that the author of this article should be entirely unfamiliar with what is being done in this line. We are almost prepared to state that there is scarcely a school in the land where physiology is not taught to some extent at least. There are a number of series of physiologies already on the market to supply the demand which Dr. McMain believes exists. One of these series was written by the editor of this journal and of one book of the series over 100,000 have already been sold. Therefore, the subject is not so fully ignored as Dr. McMain's article would make us believe.

Discussions of Medical Papers.

Two years ago this month we published the first installment of "discussions" of medical papers as they were given before the Medical Society of this city. Since that time eighty-four pages of this journal have been devoted to that department. Over forty pages of dis-

cussions were given in the New York journal *Food*, because said discussions were too extensive to appear in a journal of this size. At our request the publishers of *Food* sent copies of the journal containing these discussions to the members of the profession of this city. It follows, therefore, that during the past two years 124 pages have been devoted to presenting these "discussions" to the medical profession of this city. As a page of this journal contains much more matter than that found on an average page of book matter, we have estimated that these 124 pages are equivalent to 225 such pages of average size.

A Woman's Prover's Association.

From the above journal we learn of an international association of women for the purpose of proving drugs. It appears that these women are to prepare themselves in a proper way and are then to take one drug while in health and record the symptoms produced by the same. This is done for one year, at the close of which they come together to compare notes. Last year the drug experimented with was conium mac. The majority of the women reported that this drug gave them "dull, occipital headache on rising in the morning and continuous during the day, and dull ache in the lumbar and sacral region." In other words, these women reported that during the past year they had been troubled with a good deal of headache and backache! They need not have taken any conium to make this report. A large per cent of women could honestly report these two symptoms.

The Wonders of Medicine.

All of us have often been surprised at the startling results observed from the administration of certain remedies. Yet we have never known to be excelled some recent clinical reports, as recorded in the *Homeopathic Physician*. From one number of this journal we take the following: "Mrs. —— had soft corns between the toes, several of them so sore she could hardly walk. Gave one dose of Silicea. In two weeks feet were sound and well." Another case: "A school girl 17 years of age had *petit mal*. Gave one dose of Sulph. Patient began to improve at once and had no return of the trouble for several months." "A case of consumption with bad hereditary history. Was having hemorrhages when physician was called. Tuberculinum was given, one dose a week for several weeks. Patient has now been well for over a year." The writer says he believes he "has arrested many cases of consumption by this treatment."

A writer in the same journal says that "astronomy as an exact science is on the same line with homeopathy." "Ignatia and Nux Vomica both contain strychnine." The difference between the two is "*in the spirit force!*"

One doctor asks, "Why cannot the system absorb the spirit-like force from the tincture?" To this another physician replies, "the spirit-like vital force is sick; it is spirit-like, and the remedy for its removal must in like manner be immaterial." "We all take salt in health, but, when sick, the *dynamized natrum mur* will cure."

Adhesive Plaster in Extension.

In a recent article to the *Therapeutic Gazette* Dr. Llewellyn Eliot discusses the question of the priority of the application of adhesive plasters in extension, as used in the treatment of fractures of the femur. He states that Professor Gross, in one of his works, puts forth the claim that Dr. J. K. Swift is entitled to the credit of first using the adhesive plasters. But Dr. Eliot shows that at least two years prior to this time Dr. Alexander McWilliams, of this city,

used the same. So far as the priority of this employment of adhesive plasters is concerned, Dr. Eliot says he finds that a surgeon by the name of Gooch, of London, describes this use of the adhesive plaster in a work published in 1780. The conclusions from Dr. Eliot's researches are that this Dr. Gooch was the first to employ adhesive plaster as a means of extension in fractures. Also, that Dr. McWilliams of this city, entirely ignorant of the work of Dr. Gooch, developed and put in practice the idea in 1827. The evidence that Dr. Swift used this method is altogether too vague to carry weight with it.

Vaccine and Vaccination.

At the meeting of the American Public Health Association recently held at Montreal, Dr. Ralph Walsh of this city read a paper on Vaccine and Vaccination. The author called attention to the fact that the admixture of glycerine with vaccine lymph will destroy all extraneous bacteria, while it will not injure in the least the active principle of the lymph. It even does more than this—it prolongs the activity of the lymph. Dr. Walsh believes that the physician should not only see that each infant under his care is vaccinated during the first year of its life, but that it be kept to the point of saturation during infancy. The child should be vaccinated again at 16.

Information Cheerfully Given.

In calling attention to a statement made in this journal with reference to an office held by Dr. John S. Billings, the editor of the *Medical Age*, not quite understanding the case, asks, "What is this?" We cheerfully reply to the editor of our exchange, who is so earnestly in search of information, and would state that—*it is a mistake.*

Medical and Surgical Society.

At a meeting of "The Medical and Surgical Society of the District of Columbia," held October 8, 1894, at the residence of Dr. F. T. Chamberlin, the following officers were elected for the session:

President, Dr. I. S. Stone.

Vice President, Dr. C. Mayfield.

Secretary and Treasurer, Dr. Llewellyn Eliot.

Executive Council, Drs. L. Eliot, J. W. Bovee, F. B. Bishop, Thos. N. Vincent and Jno. F. Moran.

The following named gentlemen were elected Honorary Members:

Dr. William Goodell, Philadelphia, Pa., Drs. S. C. Busey, R. Reyburn, J. W. H. Lovejoy and W. W. Johnston.

The following program has been arranged for 1894–95:

Number.	*Date.*	*Essayists.*
55th,	October 8,	Dr. Chamberlin.
		Dr. L. Eliot.
56th,	November 12,	to be filled.
		to be filled.
57th,	December 10,	Dr. Shaw.
		Dr. Mayfield.
58th,	January 14,	Dr. Sothoron.
		Dr. E. L. Morgan.
59th,	February 11,	Dr. Walsh.
		Dr. Kober.
60th,	March 11,	Dr. Carr.
		Dr. Stone.
61st,	April 8,	Dr. Scott.
		Dr. Bovee.
62d,	May 13,	Dr. J. Eliot.
		Dr. Bishop.

Time limited to *twenty minutes.*

Fine for not presenting paper, *five dollars.*

Fine for not turning in paper within *thirty days*, five dollars.

LLEWELLYN ELIOT, M. D.,
Secretary.

Antidote for Morphine Poisoning.

There are two articles in the *Medical Record* for September 15 on the use of potassium permanganate in morphine poisoning. The first writer says he wishes to "warn my professional brethren to beware of trying any new remedy until its physiological and pathological effects are known to be as represented." By relying on the permanganate the writer says he came near losing his patient; therefore he does not believe very much in this so-called antidote. Turning over one leaf of the journal, we find a second article on this subject. The writer gives the case of a child seven years of age who had been given two drachms of laudanum by mistake. Three hours after the dose was taken the writer began the use of the permanganate. Four injections were given within fifty minutes. The writer says that he is "just as sure as a person can be of anything in this world that the child owes its life to the permanganate," and, "it was simply wonderful how quickly he recovered after he once began to do so." From what we have noticed in our exchanges we are inclined to believe there is something in the antidotal power of this drug in these cases.

Mr. Ernest Hart Speaks Again.

It appears that Mr. Hart is not the most popular individual in the minds of the medical men of India, for the *Medical Reporter*, of Calcutta, makes some strong remarks. As there is some likelihood of Mr. Hart's being present at the Medical Congress to be held in Calcutta next December, the editor of the *Medical Reporter* says:

"For Dr. Hart, and for his paper, we have the highest respect, but we desire to offer a protest on behalf of the whole of the non-official, and even some portion of the official medical profession, against Dr. Hart's strictures in his paper against their work in India. We are willing to believe Dr. Hart wrote on imperfect information—nay, we are even willing to admit that he wrote on prejudiced opinion supplied; but until he withdraws his ungenerous remarks on medical men of and in this country, it is meet that they should refuse to meet him in fellowship. This is no reflection on the congress scheme. This is no desire to hamper the efforts of those arranging for its holding. Our anxiety to support the congress cannot be misunderstood; we only sound a note of warning that if Dr. Hart is elected as a prominent member of the congres it will give offense."

The Simplicity of Homeopathy.

In a recent number of the *Homeopathic Physician* is a "Repertory of Foot-Sweat." The writer gives a list of hundreds of drugs which have specific action in this affection. If the sweating be "cold and clammy," one of fifty or sixty drugs given is indicated. A different remedy is given for each of the conditions described as smelling like "old cheese; rotten eggs; sole leather; sour," etc., etc. We notice that if the sweating be accompanied with "lameness" one remedy is recommended, while a different remedy is recommended in each of the following: "Loss of appetite; nervous excitement; palpitation and the toothache." It takes five pages of the journal to give a list of the remedies indicated in this condition. In subsequent pages of the same number, under the general heading "Sweat," there are eight pages of remedies given. There is one good thing about all this. You can dump the whole materia medica in a mortar, give it a few grindings, administer the dose and something will surely hit the case just right.

The Smallpox Scare.

Come, all my friends, and listen to a tale of woe as told
With all its blood and blister by a gallant knight, not old;
Who sat in secret session and his medics did appoint
To scarify all Washington with his vaccine point.

'Twas said there was a job put up by doctors here one night,
To terrify our people and give the schools a fright;
And thus fill their empty pockets as the arms they did anoint
With poison loaded on the end of the vaccine point.

The parents kicked, the children screamed, the teachers said "what fun!"
To see Saddlebags a-grinning at the pupils on the run;
For they knew a brave policeman would grab their shoulder joint
And aid the brutal doctor with his vaccine point.

So they scratched and scraped with knife and lance the child of tender years,
Who shrieked and fought and prayed in vain mid many briny tears;
But the edict had gone forth and submit to it they must,
No matter if consumption lurked in that vaccine crust.

Three dollars was the sum they asked—one dollar for the poor,
The former was the rich man's price to have an arm made sore;
And they never varied from these rules, nor could they ever trust,
The stuff was dear—ten cents per ounce for the vaccine crust.

One smallpox man 'twas said was here, the city then was doomed,
And this was all the argument by which the scare was boomed;
Resistance then was useless, in loudest terms they spoke,
Although 'tis said, with truth I think, the case was "poison oak."

That this outrage was permitted on this city is a blot,
As the smallpox never scatters whilst the weather is so hot;
But the ghouls were after money and their pockets must be filled,
And they'd leave it to the angels to record the number killed.

VACCINE OPPONENT.

"I wish, Susan, that when you give baby a bath you would be careful to ascertain whether the water is at the proper temperature. Use the thermometer." "Oh, that's all right, mum, I can do without the thermometer. If baby turns red the water's too hot, if it turns blue the water's too cold. I can always tell nicely that way."

Prisoner—Yes, your worship, I committed the theft with which I am charged entirely through the instigation of my medical adviser.

Magistrate—You mean to say that in carrying out an experiment in hypnotism he suggested the crime to you?

Prisoner—I don't know about that; but one thing is certain, he told me to take something before going to bed.—*Agenta Printemps.*

It is not often that one hears a really new medical story, but the following has every appearance of freshness and originality: Long ago, a man went to Dublin to order a coffin for Pat Connell. "Dear me," said the undertaker, "is poor Pat dead?" "No, he's not dead yet," was the reply, "but he'll die tonight, for the doctor says he can't live till the morning, and he knows what he gave him." The above anecdote occurs in Mr. Le Fanu's recently published book "Seventy Years of Irish Life."—*Medical and Surgical Reporter.*

Physician—Twelve glasses of brandy a day! Why, have you any coat at all left to your stomach?

Patient—Ain't so certain about that, but I know I haven't one left to my back.—*Ph. Era.*

LOCAL PERSONALS.

Dr. G. T. Vaughan has an article in the *Medical News* for September 15 on Hepatic Abscesses. He reports three cases, all of which recovered after the abscess had been opened. In one case two gallons of pus were withdrawn at the time of the operation.

Dr Henry A. Robins has an article in the *Virginia Medical Monthly* for October on Non-Venereal Syphilis.

The same journal contains an article by Dr. D. Kerfoot Shute on Glioma of the Retina in its Second Stage.

Our readers are to look out for a letter from Washington which will appear in each number of the *Maryland Medical Journal.*

Dr. Charles Smart read the report of the Committee on the Polution of Water Supplies at the recent meeting of the American Public Health Association held at Montreal. The report says that "in Washington, D. C., special attention should have been given to the improvement of the general water supply."

At the same meeting at Montreal, Dr. Ralph Walsh read a paper on Vaccine and Vaccination.

At the last meeting of the American Association of Obstetricians and Gynæcologists, recently held at Toronto, Ontario, Dr. I. S. Stone was present and read a paper on Some Results of Ether Anæsthesia in Abdominal Operations.

Hydrastis Canadensis is being used with excellent results for controlling night-sweats. If a single dose of twenty to thirty drops of the fluid extract does not suffice, then give twenty five to thirty drops two or three times daily. In nearly every case the night-sweats will be overcome. One writer reports seventy out of seventy-three cases of night-sweats in tuberculosis where the remedy afforded certain relief.

Telegraphing and telephoning without wires is now a partial success. The human voice has been transmitted over a mile and signals have been reproduced over a space of five miles, without intervening wires.

At the same meeting a paper by Dr. T. E. McArdle was read by title on Intercurrent Typhoid Fever in Pregnancy.

The address on Hygiene in University Education, give to the University extension classes of Oxford, England, last August, by Dr. John S. Billings, appears in full in a late number of the *Boston Medical and Surgical Journal.*

"A New System of Surgery" is announced by Lea Bros. & Co. It will consist of three imperial octavo volumes and will be edited by Dr. John S. Billings of this city and Frederick S. Dennis.

In the *Medical Record* for September 22, Dr. J. A. Maloney shows clearly that he antedated other investigators in recording tracings of the voice upon the wax cylinder of a phonograph. Dr. Maloney well adds that "if there was a disposition to credit our own countrymen for scientific research and investigation more, and less tendency to look abroad, it would be better for the profession and our country as well."

Dr. G. G. Morris has rented the house so long occupied by Dr. Verdi, No. 815 14th Street.

Dr. Austin O'Malley contributes an article to the *New York Medical Journal* for October 20, on "Diphtheria and the Cerum Therapy."

Hunter Mackenzie reports the removal of tonsils in two hundred and thirty cases, in none of which was there profuse or troublesome hemorrhage. A local application of a ten per cent solution of cocaine was made in nearly all the cases.

Macdonald, of Australia, excised the larynx, hyoid bone and five rings of the trachea for cancer. The wound healed readily, and by the aid of an artificial larynx the patient can speak so that he can be understood.

The New York *Journal of Gynecology and Obstetrics* is now published by the house of D. Appleton & Co. The editorial staff remains the same, with the exception of the retirement of Dr. J. C. Reeve.

PROCEEDINGS OF THE MEDICAL SOCIETY OF D. C.

Meeting of October 3.

The meeting of the Medical Society of October 3 was devoted entirely to matters of business, this being the first meeting after the summer recess. The following physicians were elected to membership: John Kurtz, John A. Stoutenburgh, J. H. Yarnall, W. D. Hughes, Emory W. Reisinger, Rosier Middleton, Anne A. Wilson, Nancy D. Richards, H. W. Beatty, William B. French, Anton Coe, Sterling Ruffin, H. J. Crosson, George Barrie, H. M. Deeble, William L. Robbins, G. R. Lee Cole, Presley C. Hunt, James Stuart, Louis A. Johnson, Allen Walker, John E. Brackett, Anita N. McGee.

The President, Dr. S. C. Busey, complimented the Society upon the good work of the past session and urged the members to renewed energy during the balance of this term. Several important measures were still pending, and he hoped the Society would instruct its committees to urge upon Congress some relief from the horde of impostors that flock here when driven from the States. He also addressed himself to the younger members and urged them to present papers and enter into the work of the session. He was sure the older members would be glad to hear from them.

At this meeting a motion was carried that a committee be appointed to take charge of the bills now before Congress, in order to urge the passage of the same.

Meeting of October 10.

At the meeting of the Medical Society for October 10 a resolution was passed extending an invitation to Dr. Joseph Price of Philadelphia to read a paper before the Society at such a time as he found convenient.

Dr. Magruder, for the Committee on Typhoid Fever, reported that Congress had ordered printed 3,000 copies of their report with charts and maps for the use of this Society. A committee of three was appointed to superintend the distribution of these reports.

TONSILLITH.

At the meeting of the Medical Society for October 10 Dr. W. K. Butler reported the following case of Tonsillith:

The case was reported, Dr. Butler said, on account of the unusual size which the stone acquired before removal and incidentally on account of a mistaken diagnosis as to its nature.

Patient, male, aet 26, applied for treatment in August, 1894, on account of "something growing in his throat," which he had noticed since the preceding Fall. He had been treated for it by the application of caustics.

Inspection showed a marked bulging of the soft palate just above the right tonsil with sub-acute inflammation. Thinking that it might be an abscess it was cocainized and incised when the knife struck the calculus. The incision, which was midway between the uvula and interior pillar of the fauces, was enlarged and forceps used to withdraw the mass, but without avail as it could not be grasped. It was then shelled out by pressing the finger behind the pillars of the fauces and forcing the mass forward.

While tonsilliths are said not to be very rare they have been unusual in my experience, and the one here presented is the largest of which I have seen any record. Burnett in his system refers to three large ones which have been reported, the largest of which measured about 25 millimeters in length, 5 mm. thick and 4 mm. broad. This one measures 25 mm. x 22 mm. x 18 mm; weight, 85 grains. They are of interest on account of the hemorrhage which sometimes occurs when they slough out and on account of the obstruction they offer in tonsillotomy, one case having been reported where the tonsillotome was broken by the presence of a stone.

Calculi usually commence as caseous masses in a follicle of the tonsil which on drying becomes hard and gradually increases in size by accretion. This one shows very markedly the lammæ of growth. They are usually composed of organic matter, phosphorus and carbonate of lime.

DISCUSSION BY DR. I. BERMANN.

Dr. Bermann said this was the most

remarkable specimen for size that he had ever seen. He had seen some very large tonsilliths among pathological collections but this exceeded them all. On one occasion he broke a tonsillotome in attempting to excise a tonsil with a stone imbedded in it.

Some Medico-Legal Features of the Schneider Case.

At the meeting of the Medical Society of this city for October 10, Dr. Irving C. Rosse read a paper on Some Medico-Legal Features of the Schneider Case. Dr. Rosse was an expert witness for the defense in this case. The author first described the condition in which he found the patient as he was visited in the District Jail.

The author says he does not think it possible for an ordinary ignorant man, even with special training in insanity, to feign successfully the symptoms observed. Malingering tests failed to lead the prisoner into any gross error, even for prolonged and varied conditions of examination. As a result of his experience with frauds and malingerers among thousands of soldiers, sailors, pensioners and others, Dr. Rosse said he became convinced "that the prisoner bore the characters, physical and psychophysical, of degeneration, of aberration and of constitutional abnormity sufficient for recognition," and therefore, said he was willing to go into court and testify as to the existence of paranoia. Dr. Rosse says that the symptoms observed were similar to the clinical picture of that affection as given by more than fifty authors whom he had consulted. The author then discusses the question of heredity and says that the neurotic antecedents were so well shown as to remove any doubts as to the defendant's mental condition, had there been any such doubt. He then discusses the testimony offered at the trial, including that of the experts. In speaking of the post-mortem examination, Dr. Rosse said that the brain on removal was dryer than usual, the pia was sticky, and there were minute patches of opacity on the left side. The veins were moderately full. The dura was not abnormally adherent. The right side showed the same stickiness with the minute patches. The left vertebral artery was developed the size of the right and both posterior communicating arteries were larger than usual. The paper was a study of the whole case including the testimony, examination of the person before death and after, with a view of showing that the position taken at the very first by the author, namely, that the man was insane at the time he committed the crime, was the correct view.

The complete paper will shortly appear in one of the leading journals, when those who were not present at the meeting of the Society will have an opportunity of studying it carefully, as it is a paper which has not only great value in itself but is also of especial interest because of its local surroundings.

DISCUSSION BY DR. ROBERT REYBURN.

Dr. Reyburn said the main point was not the delusion or the impulse, but the ability to control such delusion or impulse. If a man had a delusion to commit crime but sufficient self will to control it, then he should be held responsible by the law if he committed the crime. He gave the history of a pensioner whom he examined, with the disease of the left side of the brain. This man said he constantly heard voices and had delusions, but the other side of his brain was active enough to prevent him from committing crime. Was not such a man responsible? On the other hand, if a man believed his delusions then he should be adjudged insane. In passing judgment the expert should consider the power to restrain one's self. He cited the case of Lord Byron, who had an impulse to stab a sailor when there was no reason for it, yet he could not be said to have been insane. Man should be taught to control his impulses.

Malformation of the Heart.

At the meeting of the Medical Society of October 17, Dr. George N. Acker presented a specimen showing the most remarkable malformation of the heart together with the large abscess of the brain, both specimens from the same individual. Dr. Acker gave a detailed history of the case which showed that the child of nine years of age had been quite

active, notwithstanding the fact that there was a large opening between the auricles and also an opening between the ventricles, while the aorta was given off from the right side of the heart. The pulmonary artery had no free opening with the heart, although at a short distance from it the artery was of full size. Many interesting questions arose from the presence of the abscess in the brain, concerning its cause, etc.

DISCUSSION BY DR. D. S. LAMB.

Dr. Lamb explained the specimen. Hemorrhagic infarctions were found in the lungs, with diplococci in their vicinity. It was his opinion that the implication of the lung was secondary to the lesions in the cerebrum. The abscess in the cerebrum had been forming some time because its walls were unusually thick.

DISCUSSION BY DR. S. C. BUSEY.

The President stated that this case presented many interesting points for discussion. With such anomalies in her circulation and such a large cerebral abscess it is most astonishing that she should have lived in comparative good health to nine years of age. The question of compensation is also an interesting study.

DISCUSSION BY DR. F. B. BISHOP.

Dr. Bishop thought the source of the abscess was of especial interest, as it must have been in the brain when the child was first admitted to the hospital. The abscess was not of recent formation but had become encysted and the brain had accommodated itself to circumstances. He asked Dr. Acker if the epilepsy was of the Jacksonian type.

Dr. Acker replied that the convulsions were general.

Dr. Bishop, resuming, said the abscess had become enlarged, thus giving rise to the paralytic symptoms. He thought an ante-mortem diagnosis could have been made and the pressure symptoms relieved by an operation. He had recently witnessed a successful operation for abscess of the brain—but the patient died. From the locality of this abscess the indications should have pointed to its position in the motor region and it was clearly an operable case.

DISCUSSION BY DR. W. W. JOHNSTON.

Dr. Johnston said the case had always excited his interest, and he had exhibited her to the class every winter to illustrate the mixture of the arterial and venous blood. It was remarkable that she should have lived so long with such feeble circulation and extreme cyanosis. Her skin was always cold. Under hospital treatment she became so much better that she ceased to be of pathological interest. The size of the abscess was against its being of recent growth. He could not see any connection between the cerebral and cardiac lesions except it be of an embolic nature. There was no disease of the ear, so he was at a loss to account for the cerebral abscess. Such abscesses are very rare in children.

DISCUSSION BY DR. P. S. ROY.

Dr. Roy said he had been called to this case, and after treating her four days he sent her to the hospital. There was no motor paralysis, but she had been unusually bright for some time prior to this last attack. She ate a hearty dinner, which was soon followed by convulsions and then paralysis. Her mother said it was the first epileptic attack she had had for a year. He did not think any one could have diagnosticated abscess of the brain when he saw her; nor did the previous history point to abscess of the brain.

GENERAL DISCUSSION.

Dr. J. H. Bryan asked if there were any disturbances of vision.

Dr. G. N. Acker replied that there were none noted during either stay in the hospital.

Dr. W. W. Johnston said abscess of the brain was usually slow in forming, so that this must have been there previous to her last admission to the hospital. He gave the details of a case of cerebral abscess of slow growth, which finally succumbed to meningitis.

Dr. D. S. Lamb said there could be no doubt but that this abscess was chronic.

Dr. Acker said there was no disease of the ear at any time while she was under his observation, nor could the resident physician detect any disease of the mastoid bone at the necropsy. The

only symptoms noted were due to the disturbed circulation.

HEMIHYPERTROPHY.

At the meeting of the Medical Society for October 17, Dr. S. S. Adams presented a patient who was suffering from Hemihypertrophy. The case was very interesting in that it showed one-half of the body developed to a normal degree for a child of 11 years, while the other side was that of a child four or five years younger at least. Dr. Adams will report this case in full to the *Journal of Pediatrics* for December, accompanying the same with an illustration from a photograph.

DISCUSSION BY DR. C. T. CALDWELL.

Dr. Caldwell said he could add something to the family history of this case, which was not entirely correctly given in the history. One child had a double inguinal hernia; and all but one or two of his brothers were dead, but he did not know the causes of their deaths. The deformity was more apparent when this boy was six months old, so that the parents thought he was outgrowing it. He had treated him for measles. His mother had aborted several times and had dangerous post-partum hemorrhages. She died after he ceased attending the family and he did not know the cause of her death. There is a history of syphilitic disease in both parents. He believed these deformities are due to syphilis. He referred to a woman who gave birth to several monstrosities; finally she became pregnant and he placed her upon specific treatment; that time she gave birth to a healthy child.

Dr. Adams asked Dr. Caldwell if the telangiectasis was as marked at six months.

Dr. Caldwell replied that it was just as extensive than as now.

DISCUSSION BY DR. S. C. BUSEY.

Dr. Busey said that this was a rare case of congenital giant growth because it involved a whole side. Usually only a part of the body is involved, as one arm or leg. The elongations are not always actual, but are due to cushions of fat. The long bones are uniformly elongated, those of the affected extremity nearest the trunk increasing most in length. This boy's left hand is enlarged, and if he live long enough the other side of his body will be enlarged. This case is more lymphatic than venous. The muscular development is not marked in this case, the excess being in the cellular and adipose tissues. The bones will continue to grow in length, and those on the left side will also grow. There is more or less atrophy of muscles. In some instances the dilated lymphatics form sacs on the surface and fluid can be drawn from them; in others vesicles are formed which communicate with the lymph vessels. Syphilis is not recognized as an etiological factor; it is due to a disturbance of nutrition. They do not get well. Amputation has been performed. Some cases are complicated by ugly, persistent and incurable ulcers Sometimes there is abnormal development of the lymph system. There are various theories as to its causation, but this is certain, that more lymph is sent to the part and more venous blood is retained there than is normal.

GENERAL DISCUSSION.

Dr. D. S. Lamb thought the enlargement of the left side was recent. He thought the cause could be traced to the earliest condition of the embryo, except for the hypertrophy on the left side. He gave the physiology of the embryo. There is some difference in the arterial circulation of the two sides, as well as in the venous and lymph circulations.

Dr. S. C. Busey gave an interesting account of the first case he had seen and his investigations upon diseases of the lymphatic system, both congenital and acquired.

Dr. William Ward asked if these cases are of neurotic origin.

Dr. Busey replied that there is enlargement of the nerves in some cases.

A poem, "The Smallpox Scare," was contributed to this journal by a physician of this city who remarks that the best time for compulsory vaccination is when the scholars are nervous from hot weather and final examination. It is quite likely to be the finishing stroke."

BOOK REVIEWS.

Syllabus of Lectures on Human Embryology. An introduction to the Study of Obstetrics and Gynæcology. For Medical Students and Practitioners. With a Glossary of Embryological Terms. By Walter Porter Manton, M. D., Professor of Clinical Gynæcology and Lecturer on Obstetrics in the Detroit College of Medicine. Illustrated with seventy (70) Outline Drawings and Photo-Engravings. 12mo. Cloth, 126 pages, interleaved for adding notes and other illustrations. $1.25 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

A number of our best medical colleges are now giving lectures and laboratory work on Embryology. As the term of instruction is extended to cover a period of four years, so it follows that many of these important subjects which it was impossible ——— in a shorter curriculum can now be fully considered. For a number of years Dr. Manton has been giving instructions on the subject at one of the best medical colleges in this country, and we have as a result a most desirable syllabus of his work. We have known the author for nearly a score of years and can testify to his thorough preparation for such work as he here presents. The outline drawings are very attractive and are just diagrammatic enough to render very clear what is desired. Illustrated, interleaved, handsomely bound and concised text from an experienced author, we have a most desirable work for students and practitioners.

Essentials of the Diseases of the Ear. By E. B. Gleason, M. D., Clinical Professor of Otology, Medico-Chirurgical College, Philadelphia. W. B. Saunders, 925 Walnut Street, Philadelphia. 1894. Price, $1.00.

This is number twenty-four of Saunders' Question-Compends. Like others of its class it is arranged in the form of questions and answers prepared especially for students of medicine and post-graduate students. The reader has only to study this compend in order to acquire the rudimentary facts of Otology sufficiently to understand the actual work of an ear dispenser. No matter how valuable large textbooks on diseases of the ear may be, yet the student has no time to utilize such. A quiz compend during his college days is of far greater value to him. We have the diagnosis and treatment of the various diseases given in an accurate and brief manner. This work is fully illustrated, making this difficult subject much more easily understood. Like other compends in this series it fills a place not previously occupied.

A Manual of Modern Surgery. General and Operative. By John Chalmers Da Costa, M. D., Demonstrator of Surgery, Jefferson Medical College, Philadelphia. With 188 Illustrations in the Text and 13 Full-Page Plates in Colors and Tints, Aggregating 276 Separate Figures. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894. Price, $2 50, net.

The object of the author of this manual appears to be to furnish a book which is midway between the largest textbooks and the small compends. That this intermediate field has not been previously occupied to any great extent we have often noticed. The student especially has no time to consult large books of reference, even if he had the means to purchase the same; while many of the compends are so abbreviated that they are quite incomplete in many of the essential particulars. By omitting unessential methods and discussions an immense amount of valuable material can be brought within a manual of this size, fully illustrated as it is and containing over 800 pages. The opening chapter is devoted to bacteriology, a wise decision on the part of the author as it is only after an understanding of the truths of this science that the surgeon can fully appreciate aseptic and antiseptic methods. We desire especially to call attention to the price of this manual, two dollars and a half, as it proves what we have often believed that works of this kind can be sold at a much less price than has heretofore been the custom. The illustrations are unusually good. This work is for sale by W. H. Lowdermilk & Co. of this city.

The Popular Science Monthly.

Among the interesting articles in the November number of this journal is an admirable little scientific temperance lecture by Dr. Justus Gaule, under the title "Alcohol and Happiness." Another article of interest to physicians is by W. T. Freeman, who calls attention to some analogies and homologies in animal and vegetable life. There is the usual number of interesting articles, among which we would especially mention the Glaciers of Greenland.

THERAPEUTIC NOTES.

About nine years ago Sharp & Dohme sent samples of their "Lapactic Pills" to every physician in the United States and Canada. During all these years the demand for these little granules has steadily increased; a clinical proof of their real value in the treatment of habitual constipation, atonic dyspepsia and allied morbid conditions of the gastro-intestinal mucous membrane.

Dr. Frank F. Summey of Dravosburg, Pa., reports a case of cystitis of three years standing cured by the use of Sanmetto.

"Our sales in Washington have increased considerably in the last four months and attribute it to you and our agent who was with you a few months ago. Hoping your subscription list does not diminish, we are, yours truly, McArthur Hypophosphite Co."

At the exposition recently held at Antwerp the "Grand Prize" for the purity and excellency of drugs was awarded to Wm. R. Warner & Co.

In order to present to the profession a coca wine of any value a number of questions must be taken in consideration in its preparation. The time of the plucking of the leaves, the subsequent care of the leaves and other such questions must be thoroughly understood. "Vin Mariani" has an established reputation for purity and efficacy. That the coca leaf contains stimulating and strengthening properties has been extensively proven for many centuries. Vin Mariani is indicated whenever there is great depression, long contined exhaustion, and where a special stimulative action is desired. The editor of the *Provincial Medical Journal* of London says he has prescribed it extensively and can highly recommend it.

Dr. Wm. A. Jack, Acting Medical Examiner in the Pension Office of this city, reports a case of enlarged prostate and inflammation of the neck of the bladder which had refused to yield to any treatment until the patient was placed on Tritica, manufactured by the Searle & Hereth Co., of Chicago. Dr. Jack says this remedy certainly is all that is claimed for it and he gets the most satisfactory results from its use.

Taylor Brothers of Rochester, N. Y., have recently issued an illustrated pamphlet of eight pages, which contains valuable information concerning clinical thermometers and urinometers. The thermometers made by this firm are guaranteed to be free from defects, that the readings will not change with age, and that the corrections which accompany each thermometer will never vary over one-tenth of a degree. These thermometers are coming into extensive use and always give satisfaction.

As a base for ointments we have a new product called Wool-Ola, which is simply a refined fat from the wool of sheep. This oil is readily absorbed by the skin and for this reason alone commends itself to all. We call special attention to this material as the latest and very best base for all ointments.

A recent writer to the *New England Medical Monthly* testifies to the great value of Trional as a hypnotic and sedative. In melancholia with insomnia it gives prompt relief. In alcoholic mania it also gives prompt results; in maniacal excitement, ten grains of Trional will give eight hours of refreshing sleep.

A new derivative of piperazine has been recently introduced, called Lycetol. It has pronounced action as a solvent of uric acid. Lycetol has an agreeable taste and if some sugar be added it is cooling, resembling lemonade. Its use is followed with an increase in the secretion of urine; the general health is not disturbed; and there is a marked subsidence of gouty symptoms, but with a diminution of urinary gravel.

A new tonic and stimulant recently introduced by Frederick Stearns & Co. is a Kola Cordial. It has an agreeable odor and pleasant taste, while its stimulant properties are prompt and active. Any physician desiring to test this new preparation will be furnished a sufficient amount upon requesting the same.

THE
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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Antitoxin Treatment of Diphtheria.

The mortality from diphtheria is so high and present methods of treatment are so unsatisfactory that any new remedy which shows signs of being successful is only too gladly received. But herein comes the danger; as a physician in this city remarked a few days ago, "in order to determine the value of the antitoxin treatment it should be tried in every city of the United States for two or three years." Two important factors surround the value of any new remedy for this disease with uncertainty. These are, first, the fact that the virulence of diphtheria varies greatly in localities and in years, and, second, that a positive bacteriological diagnosis is but rarely made. It follows, therefore, that without said examination we are left largely in doubt whether the disease is true diphtheria with a mortality of 50 per cent, or pseudo-diphtheria with a mortality of 2 per cent. To determine the true place which the antitoxin treatment is to occupy we must have only those cases which have been diagnosed by bacteriological examination and the treatment must extend over a wide territory for a considerable length of time. We can do nothing more than to patiently wait and hope, giving all encouragement that is in our power to render.

Playing with Dynamite.

We have often remarked that the physician who mesmerizes and hypnotizes his patients is handling a two-edged sword and he will surely get injured before the play is over. The reckless carelessness which we have often seen in bacteriological laboratories is to us just as unaccountable. While it must be admitted that the danger is slight, yet danger must be present when the laboratory contains germs of the most poisonous character. Probably these germs are in such a condition that they cannot float about in the room, yet such is not always the case, especially when extreme care and cleanliness are not exercised. The recent death of Dr. Oergel, of the Hamburg Hygienic Institute, should teach a lesson to all practical bacteriologists. It should warn them that if what they teach us is true then nothing short of the most extreme care will keep them free from danger. Dr. Oergel died from cholera as a result of thoughtlessly drinking some water which had been sent to the laboratory for examination. This might be considered very careless, as indeed it was, but the carelessness is relieved somewhat when we are informed that it is altogether probable this water had become infected while in the laboratory.

"Job Lots."

It has been a great day for "job lots." The question has had to be often answered: "If you charge three dollars for vaccinating one person, how much will you charge to vaccinate the whole household?" A wealthy business man told his physician he was ready to give him five dollars for coming to his house and vaccinating one, but when it came to vaccinating five the whole lot should be thrown in at the job price of ten dollars. Upon refusal to do this the physician was dismissed and "a prominent physician" secured who did the job for even less. "Two dollars for one, with special rates for the lot." "One dollar for office vaccination; no work no pay." "Two dollars for vaccinating at house and five dollars for the job lot." "Fifty cents and you furnish the point." These are some of the prices that have been quoted to us. Physicians in Government employ have been detailed to vaccinate their associates for nothing, each person furnishing his own point. It has been a great time, and great has been the extremes between the prices.

Typhoid Bacilli in the Air.

Having had such a strong conviction that typhoid fever came from drinking water, we have made it a business, so far as posssible, to use only water that has been boiled, for drinking purposes. This, practically, we have carried out for some years. But according to Dr. Anderson, of Rockville, Md., who writes to the *Maryland Medical Journal*, we have been mistaken all this time. Dr. Anderson believes that typhoid fever is taken into the system through the air, without the intervention of water. Knowing that the typhoid bacilli cannot live in a temperature at boiling point, we are now studying over some method whereby we can boil the air before we breathe it! Of course in the summer months this will not be necessary in Washington, and this is the weak point in Dr. Anderson's theory. The air we breathe in this city during July and August is so hot we do not see how the typhoid bacilli can manage to live in it; but during the winter months we see no other way to keep free from this disease than to take in our supply of water and air in the form of hot steam!

"Hard Times."

We believe it is the custom to ascribe all hard times to the Administration in power. We cannot understand how the question of high tariff or free silver can affect the amount of business for physicians, but, of course, this must be the case! But a lower tariff has failed to bring relief to our British friends, who declare that the health of Englishmen has never been so marvelous. An Edinburgh correspondent says that the physicians of that city are having "a vacant vacation with a vengeance." It is probable, therefore, that the "depression" is general rather than local.

Large Edition of Cincinnati Lancet-Clinic.

The issue of the *Lancet-Clinic* for October 13 reached as high as 150,000 copies. In making this announcement the managers say it is a much larger number than was ever before printed in one edition of a medical journal. We wish the publishers of the *Lancet-Clinic* would inform us how they succeeded in getting this edition through the United States mail. They certainly could not have done it in this city. We are told here that the rule for sample copies is that said copies must not exceed twice the number of regular subscribers. According to this the *Lancet-Clinic* has a paid subscription list of 50,000. An acquaintance had an extra edition of 10,000 copies held in the post office of this city for the above reason. We have

also known these extra editions to be held in post offices of other cities as unmailable at pound rates. So we congratulate the *Lancet-Clinic* on getting its large edition through the post office. It is far more than we could have done.

Engraving of Dr. Holmes.

The *Western Medical Reporter* for October had the best engraving of Oliver Wendell Holmes which we have seen in any journal or which we have seen anywhere. The photograph itself is a remarkably clear one, while the engraving is of a very superior character. The subscribers to that journal are indeed fortunate in having such an engraving with which to adorn their office.

Dr. J. Marion Sims.

The *Medical Record* for October 27 contains addresses by Drs. George F. Shrady and Paul F. Mundé, delivered on the occasion of the unveiling of the statue of Dr. J. Marion Sims in Bryant Park, New York. There is also a full-page illustration of the statue It was said of Dr. Sims that he could practice and earn a living in any city of Europe by virtue of what became for him a cosmopolitan reputation.

No Sinecure.

The *Maryland Medical Journal* describes the new operating amphitheatre in one of the hospitals at Richmond and says that it is presided over by a trained nurse, "whose sole duty is to care for the operating room, prepare patients and assist at operations." This journal seems to think that it is something very unusual to have such great care exercised, and mentions it in a spirit of extreme praise for an institution which would thus make such lavish provisions. For *one* trained nurse to care for the operating room, prepare patients and assist at operations means one of two things: Either there is nothing to do at this hospital, or this trained nurse has as wonderful a capacity as would be illustrated in the case of Chauncey Depew did he attempt to act as engineer on every train on the New York Central. We can point our exchange to a *private* hospital where at least *five* trained nurses are required for the work here given to one.

Protection to Vaccination.

While we believe the profession in this country is almost a unit in favor of vaccination, yet some very interesting statistics on the other side have appeared recently in the columns of the London *Times*. An account of this controversy is given in an editorial in the *Journal* for November 3. It is simply another illustration of the fact that almost anything can be proven by figures. We mention one instance of this kind. Among a strong, healthy and specially selected re-vaccinated adult population, as found in the British army, there was a death rate from smallpox of nearly 99,000 per million. "Compare this appalling death rate of the 'efficiently vaccinated,' and 're-vaccinated,' or 'doubly protected,' with the death rate of only 89 per million, among our mixed and for the most part unprotected population at Leicester." The whole editorial is especially interesting at this time, but the best proof of the value of vaccination, laying aside all figures, comes from the testimony of those who "could scarcely walk a quarter of a mile in London without meeting one or more grown-up persons marked by smallpox." And yet such a condition is within memory of persons not over seventy years of age. How do the anti-vaccinators account for this change?

Death of Professor Goodell.

This eminent gynecologist, who has been in poor health for two years, died October 27, aged 65 years. Professor Goodell was a prolific writer and a most

accomplished teacher. Our acquaintance with him began many years ago and we always found him one of the most approachable and kindest of men, ever ready to do anything in his power to aid his professional friends and most lavish in the giving of his time and skill to patients unable to recompense him in any other way than by words of gratitude.

Rapid Absorption of Carbolic Acid.

Dr. S. S. Adams of this city reports an interesting case of rapid absorption of carbolic acid by an eczematous skin. The child was seven months old when it came under the doctor's care. To remove the scales and crust and to allay the intense itching of the eczema the doctor ordered a poultice of stale bread and carbolized water, 1-40. In about three minutes after the application there was a sudden and alarming change in the condition. The child was completely cyanosed, breathing stertorously; pupils contracting, conjunctiva not sensitive, and general reflex action abolished. The poultice was immediately removed and active restorative treatment instituted. The child recovered from the attack and under usual treatment the eczema also disappeared. Dr. Adams says he has applied this same treatment in other cases and without accident. Yet he believes that notwithstanding the opinions advanced by some that the skin will not absorb when covered with scales or crusts, this case proves that the acid was rapidly absorbed. The case is reported in full with comments in the November number of the *Archives of Pediatrics*.

News from Home.

It is often said that the New York papers give more Washington news than do the local ones. So far as medical news is concerned we often find it away from home. For this reason we advise our readers to peruse the columns of the *Maryland Medical Journal* to learn of things which no one in this city knows anything about. For instance, as a sample, in a recent number we are told that Dr. *Fay* presented certain specimens before one of the Societies. We know of no such doctor in the city. The same number says that the Medical Society would have an "Essay by Dr. Busey." This will be a great surprise to the President.

"Detectives Needed Here."

The same journal has an article entitled "Detectives Needed Here." Two or three capable and trustworthy men are needed in Baltimore to act as private detectives. As this notice appears in a medical journal, of course it follows that in some way these detectives are needed for the medical profession of that city! What is going to happen? Is some Baltimore physician about to write a novel, or are these detectives to be used to ascertain the first move on the part of any one who is about to start another medical journal in that city?

Medical Advertising.

In looking over the advertising pages of our exchanges it is astonishing to find how many articles and trades are represented outside of the legitimate line. To illustrate this we give all the advertisements found on two pages, facing each other, of a recent number of a Western *Medical Journal:* Pipes and Tobacco, Steam Laundry, Dentist, Medical Books, Dentist, Railroad, Furniture Co., Drug Store, Harness Maker, Medicines, Railroad and Saddle Bags.

Effects of Beer Drinking.

Dr. Lambert Ott contributes an article to the *Medical News* setting forth the good qualities of beer and declaring that its use accomplishes about everything which is desirable in this life. But he closes his article with statements which

completely overthrow everything good that can be said about this beverage. He says that the beer drinker is very liable to take other and stronger drinks after a while. Suppose we apply the teachings of Dr. Ott to the young men. We will grant everything the author says in favor of beer, for the sake of argument, and what does it all amount to if beer drinking "leads to the use of stronger alcoholic drinks"?

Cure for Deafness and Otalgia. Dr. W. H. Woods of New Orleans reports a case of hysterical deafness and otalgia cured by hypnotic suggestion. Although the case is put down as hysterical, yet we were informed recently at the meeting of the Medical Society that persons suffering from hysteria were as truly ill as when suffering from other diseases. We are glad Dr. Woods cured his patient, yet we should think that both the doctor and his patient would be so ashamed of the procedure they would retire to one of the most obscure sugar plantations of the State. New Orleans molasses would be a good diet for them both.

Tuberculosis from Vaccination. In a recent paper to the *Sanitarium*, Dr. Samuel W. Abbott of Massachusetts discusses the danger of transmission of tuberculosis by means of vaccine lymph. Dr. Abbott calls attention to the fact that only calves or young animals are used for the cultivation of vaccine lymph, and it has been satisfactorily proven that the young of the bovinine species are exceptionally exempt from tuberculosis. Then again there is but little, if any, reason to believe that the tubercle bacilli will be found in the serum of vaccine lymph taken from the integumentary portions of the animal. But to settle the whole question we have only to remember that the tubercle bacilli cannot be successfully transmitted by superficial scarifications. Deep inoculations are necessary for the growth of these bacilli. The danger then of the transmission of tuberculosis in the process of vaccination is nothing.

Catheterization of Fallopian Tubes. Dr. Llewellyn Eliot says that it is possible to catheterize the fallopian tubes. If this is true it must follow that we are justified in attempting to treat diseases of these tubes by making direct applications to the diseased surfaces. However, Dr. Eliot says that he does not think it possible to catheterize the tubes in every case, neither does he think the procedure is entirely free from danger. But there is a certain class of cases, notably those of salpingitis, hydro- and pyo-salpinx, which refuses to be operated upon and to which this method of treatment is applicable. Dr. William P. Carr says there is danger of perforating the uterine or tubal walls in this procedure, and there is also danger of forcing pus into the peritoneal cavity. The difficulty of the operation, the dangers, etc., so limit this method of treatment that he does not believe that it will ever have a brilliant future. Both of these articles are found in the October number of the *American Journal of Obstetrics*.

Chloroform During Sleep. In the November number of *Food* is an editorial on this subject, called forth in reply to some recent editorials which had appered in our exchanges to the effect that it was impossible to chloroform a person during sleep. We called attention to the fact that Dr. O. A. McKimmie of this city successfully chloroformed a child thirteen years of age while the boy was asleep. This was reported at the time in this journal. Now in the December number of *Food* Dr. E. Oliver Belt of this city reports a case which occurred in his practice

about five years ago. His patient was a child eighteen months of age, blind from cataract. Dr. Belt administered chloroform and performed the needle operation for cataract without waking or disturbing the child in the least. Dr. Belt adds that Dr. W. Sinclair Bowen of this city has also administered chloroform to a sleeping infant.

The North American Medical Review.

The *North American Medical Review*, published at Kansas City, Mo., has hit upon a plan for making its advertising pages attractive. Probably the editor found this necessary because he had made the inside pages so attractive that his readers were forgetting the advertisements. Now, however, he has put a new weight on the other end of the scales and they balance to perfection. Not a page of advertising will be omitted by any of the old doctors. It saves taking a front seat at the theater. The idea is new, many of the engravings are finely executed and an attraction is given to the advertising department which cannot fail but be profitable to both the publisher and the advertiser.

November "Food."

The November number of *Food* contained original communications on "Infant Feeding," by Dr. C. S. Cope of Ionia, Mich.; "Relations of Food Adulteration to the Dependent Classes," by Dr. Henry Leffmann of Philadelphia; "Are Stimulants Real Depressants?" by Dr. Charles E. Page of Boston, and "The Treatment of Pneumonia in Children," by Dr. Frank S. Parsons of Philadelphia.

The December number contains the paper recently read before the Medical Society of this city by Dr. J. S. Billings on Water Sewerage as Successfully Practiced in Some of the Leading Cities of Europe. Also the paper by Dr. F. D. Bishop on Electricity in Medicine.

Puerperal Insanity.

In the paper contributed to the October number of the *American Journal of Obstetrics* Dr. George B. Harrison thoroughly discusses the causation and symptoms of puerperal insanity. He says there is no symptom peculiar to this form of insanity. Of course, it is possible to differentiate this form from the more common forms of insanity, yet it must be distinctly understood that puerperal insanity has no positive characteristic of its own. It is only by the aid of physical examination, outside proof, and the history of the case that we can rely for our diagnosis.

"What is This?"

The *Medical Age* says that "a farmer living near Troy, N. Y., died while in the hands of a traveling dentist." Having felt the pull of a dentist's hands we are prepared to believe they are of unusual size. But we did not expect they were large enough for a New York farmer to die in!

The Homeopathic Medical College.

In speaking of the Homeopathic Medical College of this city the *Hahnemannian Monthly* says: "The Washington Medical Fraternity deserves credit for their energetic action in bringing matters at once to a focus, and the homeopathic physicians of the United States should make it a duty to interview their Representatives and Senators and invoke their interest in the success of the proposed medical legislation this coming session for the District of Columbia."

The Progress of Homeopathy.

Gaillard's Medical Journal says that in 1893 there were 18,910 medical students in the colleges of this country. Of this number 17,159 were in the regular colleges, 1,410 in the homeopathic and 741 in the eclectic. This is less than 7½ per cent of homeopathic medical

students. The editor remarks that the Organon of Hahnemann was published in 1810, so that it now becomes a mathematical problem only how long it will take before the increase in homeopathy will be sufficient to drive out all the regular physicians. It is thus easily shown that after the lapse of a thousand years we may begin to fear that this school will get quite a hold on the beliefs and affections of the people.

Report of Laparotomies.

Dr. Joseph Taber Johnson of this city reports the whole number of abdominal operations which he has performed in his private sanatorium, to the *Virginia Medical Monthly* for November. Since the establishment of his sanatorium he has performed 108 laparotomies. Of these 102 have recovered. Of the 6 fatal cases, 4 died from ovariotomies, 3 cancerous and 1 tetanus. One died from hysterectomy for cancer of uterus and one for operation for tubercular peritonitis. Dr. Johnson says that his abdominal work has been much more successful since he has confined himself exclusively to private hospital work. He believes the mortality from laparotomies in private hospitals is much less than that in public hospitals. To prove this he quotes from the hospitals of this city, as follows: Providence, general hospital, a mortality of 421.0 per cent. Columbia Hospital for 1892, 17.64 per cent; for 1893, 13.97 per cent. Garfield Hospital, 20 per cent.

Treatment of Fistula in Ano.

In an article on this subject in the last number of the *Virginia Medical Monthly*, Dr. Llewellyn Eliot of this city gives the plan which he pursues in the treatment of this affection. Dr. Eliot says he now treats all cases with the knife or refuses to treat them at all. He believes the treatment by the knife is the best and the only treatment which should be followed. The plan he pursues is to have the bowels moved freely the day before operation; this to be followed by an enema on the morning of the operation; dilate the sphincter to its fullest extent; wash out the sinus with a 1 to 40 solution of carbolic acid; find the internal opening with a probe; where there is no internal opening, make one; pass a grooved director through the sinus and divide with a *straight* knife. We have now an open tract, which is to be carefully examined for *branch* sinuses; wash this tract well with the carbolized water, and with a sharp-rinse curette remove the entire canal lining; where, however, the lining is very resistant, the knife and scissors must be employed until we have removed every particle of the lining. Should bleeding be free, as it will be very often, apply ligatures of catgut. We have now a cleanly cut wound, every portion in good condition, and there remains but one more step—that is, the closure of this wound. This is done with a suitably curved Hagedorn needle and with silk or silk-worm sutures, passed deeply under the base of the wound, uniting the sphincter at the same time. Iodoform is applied, then gauze and cotton, the whole retained in place with a T bandage. For a few days the bowels should be confined with opium. As an anæsthetic, cocaine hydrochlorate solution, or chloroform may be used. Under this treatment, patients are discharged well in from two to three weeks.

THE NATIONAL MEDICAL REVIEW is essentially a local journal, devoted to the interests of the local profession. It aims to keep each member of the local profession posted on some of the work accomplished by the physicians of this city.

LOCAL PERSONALS.

Dr. Irving C. Rosse read a paper at the last meeting of the Medical Society of Virginia on Cases of Nervous and Mental Malady.

Dr. Joseph Taber Johnson reports all the abdominal operations performed in his private sanitarium, in the *Virginia Medical Monthly* for November.

Dr. Llewellyn Eliot has an article in the *Virginia Medical Monthly* for November on Fistula in Ano.

Dr. Theobald Smith has an article in the *New York Medical Journal* for November 10, on the Digestive Action of the Sterile Tissues of Animals.

Dr. Joseph Taber Johnson read a paper before the Southern Surgical and Gynecological Association recently held at Charleston, S. C., on Successful Removal of a Forty Pound Tumor of the Kidney.

The remarks made by Dr. J. H. Bryan before the American Laryngological Association, held in this city last May, on the Treatment of Diseases of the Antrum, are given in the *New York Medical Journal* for November 10.

Dr. S. S. Adams has an article in the *Archives of Pediatrics* for November on Rapid Absorption of Carbolic Acid by an Eczematous Skin.

Dr. Llewellyn Eliot has an article in the October number of the *American Journal of Obstetrics* on Catheterization of the Fallopian Tubes.

Dr. W. P. Carr has an article in the same journal and on the same subject.

Dr. George Byrd Harrison has an article in the same journal on Puerperal Insanity.

Dr. A. F. A. King also has an article in the same journal on Stray Thoughts on the Mechanism of Labor. The November number of the same journal contains a reply to Dr. King's article.

Dr. E. Oliver Belt has an article on Cancer of the Face, in a late number of the *Popular Health Magazine.*

Dr. Francis S. Nash has an article in the same journal on the Management of an Ordinary Case of Labor in Hospital and Private Practice.

At the meeting of the Medical Society of October 24, Dr. Joseph Taber Johnson presented the history of a case, with specimen: A Sloughing Fibroid Removed by Baer's Method.

At the same meeting Dr. D. Olin Leech presented a specimen with history of the case: Appendicitis.

At the meeting of the Medical Society of October 31, Dr. J. W. Bovee presented a specimen with history of the case: Double Tubo-Ovarian Cyst.

At the meeting of the Medical Society of October 7, Dr. E. F. King presented a specimen with history of the case: Aneurism of the Heart and Aorta.

At the same meeting Dr. A. A. Snyder presented three fluids which had been injected into a sinus situated in the lumbar region of a man. Suspecting that the wound had a direct connection with the kidney on that side he had injected the three fluids into the wound with the result that the urine next passed was colored by the fluid used. He diagnosticated the case as pyo-nephrosis, but expected Dr. J. Ford Thompson would confirm the diagnosis by an operation, as the patient was now under his care.

At the same meeting Dr. G. N. Acker presented a boy, aged eight years, with Scleroderma of the right lower extremity.

At the meeting of the Medical Society of November 14, Dr. J. W. Bovee presented a specimen with history of the case: Dermoid Cyst; Pyo-Salpinx; and Double Ovarian Abscess.

Just as Dr. I. S. Stone had opened his private sanitarium he was taken ill and now for a number of weeks has been confined to the bed. He has been a great sufferer, but at this writing is slightly improved.

PROCEEDINGS OF THE MEDICAL SOCIETY OF D. C.

Remarks on Filtration and Methods of Water Supply and Sewage Disposal in Some of the Large European Cities.

At the meeting of the Medical Society for October 24, Dr. John S. Billings read the paper of the evening, entitled "Remarks on Filtration and Methods of Water Supply and Sewage Disposal in Some of the Large European Cities."

This paper appears in full in the December number of *Food*, a copy of which will be sent to any address upon request to the publishers.

DISCUSSION BY DR. I. BERMANN.

Dr. Bermann said the probable cause of the great epidemic at Frankfort, in 1874, was the excavations necessary in improving the water system. By reference to the chart it will be seen that the mortality from typhoid fever in that year is very great.

DISCUSSION BY DR. STERNBERG.

Dr. Sternberg was much interested and instructed by the paper. The appearance of the different varieties of the cholera spirilla since the epidemic of 1893, which cannot be differentiated from the true form, are attenuated varieties of the true spirillum. No such spirilla were found prior to the epidemic. There are still sporadic cases of cholera in Europe, which can be accounted for by the great vitality of the germ. They had made a great many investigations at the Army Medical Museum and would continue their investigations. The cholera spirillum is most potent when it first comes from the infected individual, and becomes attenuated later. The attenuated form may pass through the individual without producing disease unless he is especially susceptible. This is also true of typhoid fever. It must be remembered, however, that the attenuated virus may become virulent in passing through the intestinal tract of the insusceptible person.

DISCUSSION BY DR. W. W. JOHNSTON.

Dr. Johnston thought the more this subject was discussed the more speedy would be the improvement in the water supply and sewerage of this city. Dr. Billings had implied that city well water could be used with impunity. He would take exception to the doctrine of protecting city wells, as the soil about them is usually polluted and many deleterious bacteria pass through it. If the sewerage system of a city is perfect then well water in it might be used with a certain degree of safety—but surely not in our city. It is a recognized fact that although Paris has the cleanest sewers in the world, it is, nevertheless, the worst sewered city in Europe; on the other hand, London's sewers are the foulest, while her sewerage is good. Dr. Billings should be thanked for his interesting facts.

DISCUSSION BY DR. J. TABER JOHNSON.

Dr. Johnson, said Dr. Billings, had spoken of two systems of water supply, one for the general use and the other for the citydrinking water. We should try to improve the drinking water and let the general supply go.

REPORT OF COMMITTEE ON PUBLICATION.

At the meeting of the Medical Society, October 31, the Committee on Publication made the following report:

WASHINGTON, D. C., October 24, 1894.

Your Committee, to which was referred the subject of publication of the transactions of the Society, recommends that the privilege of publication be continued to the NATIONAL MEDICAL REVIEW in consideration of the agreement of the editor to "promptly print all discussions and abstracts of the papers presented, so far as the authors of the papers will furnish the same."

G. WYTHE COOK, M. D.,
SAMUEL S. ADAMS, M. D., } *Committee.*
FRANK LEECH, M. D.,

This report was unanimously adopted.

DISCUSSION OF DR. BILLINGS' PAPER CONTINUED.

Dr. Compton thought there were many important facts to be drawn from the paper, the principal of which is that the water supply of this city is defective. The difference in the healthfulness of Altena and Hamburg is attributable directly to the water supply. Laryngolo-

gists had been advised to use cuspidors with running water. If this were generally adopted the river would soon become contaminated. He thought the Medical Society should appoint a committee to co-operate with the Engineers of the District of Columbia.

DISCUSSION BY DR. G. L. MAGRUDER.

Dr. Magruder thought the paper an able one. There was no doubt but that filtered water would improve the healthfulness of this city as it had those which had already adopted that system of purification. The examinations of Drs. Smith and Kinyoun had shown the necestity of closing the city wells. Their investigation had caused forty wells to be closed, and many more are under observation as being suspicious.

DISCUSSION BY DR. J. E. BRACKETT.

Dr. Brackett thought the first thing to agitate was not clear and healthful, but clear and cool, water. Well water is clear, cool and sparkling, and people will prefer it to that supplied by the city. He was surprised that Dr. Billings had not referred to the Vienna water supply. Dr. Brackett described this and said the water was cool, clear and sparkling. Until we can get cool drinking water he did not see how we could dispense with the wells. While we are agitating a more perfect supply from the Potomac we may keep the wells under observation. He certainly would drink by preference well water if free from harmful germs. We should keep up the agitation as individuals as well as in a body.

DISCUSSION BY DR. ROBERT REYBURN.

Dr. Reyburn thought we could get the necessary appropriation to improve the water supply if we could convince the individual Members of Congress that they were drinking impure water which is laden with bacteria. He had drawn the attention of the Commissioners to an excellent plan of cooling the Potomac water. In Baltimore coils of pipe are sunk in the well water; through these pipes the city water flows and is cooled. The same system is used at the gas works in this city. This Society should express a decided opinion as to the necessity of filtration. He moved that the question of filtration of the Potomac drinking water be referred to the Committee on Legislation.

Dr. Ward moved that this committee also be instructed to consider and urge the propriety of driven wells. Dr. Ward's amendment being lost, Dr. Reyburn's motion was adopted.

DISCUSSION BY DR. WILLIAM WARD.

Dr. Ward thought the advantage to be derived from driven wells is that the water is pure, especially in salts. The Potomac water is lacking in salts. It is a wrong step to close the wells, as we are compelled to substitute mineral waters to obtain good results in medicine. After meals we are compelled to take a draught of some alkaline mineral water to aid digestion; if driven wells became general this necessity would be avoided.

CLOSING DISCUSSION BY DR. BILLINGS.

Dr. Billings desired to restate what he had said in his remarks. He said the soluble matter of the sewage might filter through the soil and the bacteria be left behind. Under such conditions the water would contain a large per cent of nitrites, nitrates and chlorine, as revealed by chemical analysis, and yet it would not be dangerous. Such wells, however, should always be held to be suspicious and should be closed if we had a good general supply. But we should not depend upon chemical analysis alone in estimating the quality of drinking water, as the harmful bacteria are only to be detected by bacteriological examinations. The opposition to closing the city wells is that the water from them is clearer, cooler, more sparkling and more agreeable to the taste than the general supply; the general supply of this city is so frequently unfit for bathing purposes—not to mention drinking—that there is no wonder there is great opposition to closing the wells. If we can secure at all times a general supply that is clear, cool, palatable and free from harmful germs, the opposition to closure of the wells will cease. The reason that the water in the large cities of Europe is so cool is that the reservoirs are covered. In Vienna the general supply is from a large covered reservoir.

The Vienna supply has run short on two occasions, when the Danube water was run into the pipes; there were severe epidemics of typhoid fever. Vienna is at present improving her water supply. The reason why a well is so dangerous is that by some fissure or crack in the soil there is a direct communication between the source of supply and the sewer. He gave an illustration of a contaminated well which he had detected by pouring crude carbolic acid in a cesspool in a valley near a man's house. The following day the water in this man's well was so tainted with the acid that it could not be drunk. Impurities in drinking water must be checked by bacteriological and not chemical analysis.

Two points of considerable importance should be settled before we select a filter:

1. The Government should employ a skilled bacteriologist, with two or more assistants, at a competent salary, and furnish him with a well-equipped laboratory. He should make daily examinations of the water at different points in its course from above Cumberland to the city spigot. He should make analysis to obtain scientific data: the changes in temperature, the changes in density, the number and character of the bacteria at different points, the study of the nature of the different varieties of bacteria and other minute organisms. Incidentally he should study the well water in and out of the city along the water ways. Such work should require a year or more to establish certain scientific data.

2. Means should be taken to put a stop to the excessive waste from leaky fixtures and carelessness. Fifty gallons per capita per day is ample for this city; yet it is shown that 125 gallons per capita per day are used—a waste of 75 gallons per capita per day.

In European cities all the water fittings are examined and stamped by a skilled city official. Their fixtures are made of harder metal and are better constructed than our own.

He was opposed to meters in private residences because it would lead to a saving that would prove prejudicial to good health; they should be used, however, in hotels, stables, factories and other establishments where great quantities of water are used daily.

ANEURISM OF THE HEART AND AORTA.

In the discussion of Dr. E. F. King's specimen of Aneurism of the Heart and Aorta, Dr. T. Morris Murray said he had seen a similar case during life. The case had appeared at the Central Dispensary suffering with symptoms of pleurisy, and he supposed there was pleuritic effusion; no operation was performed. The tumor was situated behind the angle of the scapula and grew very rapidly. The diagnosis of aneurism, with pleurisy, was made. At the necropsy the pleural cavity was found to be filled with fibrin and the lung collapsed, and the ribs were eroded. He was unable to discover the seat of the aneurism owing to the guard that was kept over him while the necropsy was performed.

DISCUSSION BY DR. E. F. KING.

Dr. King said no positive diagnosis had been made, owing to the confusing temperature, but typhoid fever was suspected. There was no cardiac murmur, and the lungs were acting well the day before his death. The pain was caused by the separation of the arterial coats, and the rupture behind the pleura took place at the time of death. The clot was enormous.

DISCUSSION OF DR. ACKER'S CASE.

Dr. George N. Acker presented a boy aged eight years, who was suffering from Scleroderma of the Right Lower Extremity. In discussing this case Dr. J. C. McGuire said: There is a relation between morthœa and scleroderma, which is characterized by atrophy of the skin and subcutaneous tissues. He had at present a case under his charge, referred to him by Dr. S. S. Adams. A young lady, aged 23 years, had had the trouble for three years, but had not sought advice until last spring. In her case the patch is on the outer side of the left thigh and extends slightly below the knee. The cloasma on her abdomen is deep colored and mottled. There is no pain unless pruritus exists. The prognosis should be very carefully given, as we cannot tell the outcome; there may be deformity, but life is never in danger unless from intercurrent heart lesion.

The etiology is not settled, although such condition is probably due to nerve disturbance. The treatment can accomplish but little except to improve the general health.

The Nemesis of "Doc."

The editor of THE NATIONAL MEDICAL REVIEW says some words regarding the significance of the title "Doc" which are apt and eloquent, and which, we venture to surmise, come from a heart that has been embittered by some sad personal experiences. "If," says this writer, "it has been your misfortune to be called 'doc,' and if this recognition has become at all general among your friends, you might as well move to some other place. A man may be called a thief, a liar and a dead-beat, and yet he may prosper and live upon the fat of the land. But once let him be called 'doc,' and his professional success is at an end. We would prefer to spend a night in the station-house, so far as its effects on our professional success is concerned, rather than to have our friends notice our approach by saying, 'There comes doc.' If a man calls you 'doc,' you need never expect a penny from him for any professional services you could render. His answer is sure to be, 'All right, doc, in a few days that will be all right.' 'Doc' means disaster. 'Doc' is the culmination of all calamity. 'Doc' is a catastrophe given at one stroke. 'Doc' is the warning that we have reached the extreme limit of our usefulness. 'Doc' is the hand which points us to the next town. Shun it, my young friend, as you would flee from a Kansas cyclone or a prairie fire. Knock the man down who first dares speak it to you, and call upon the whole medical profession for vindication of your righteous deed."

There are some people, alas, to whom all doctors are just "docs." No amount of dignity in appearance, sobriety in demeanor, superiority in years, wisdom, experience, wealth, position or morals makes the slightest difference. The doctor is clapped on the shoulder and affably saluted with the damning monosyllable. Hippocrates returned to earth bearing the dignity of supreme genius and wisdom would be simply welcomed back with the same "Here comes doc."

But, after all, "doc" is the Nemesis which pursues the medical profession for clinging to the mediæval practice of affixing always the title "doctor" to the physician's name. Of all men of learning, the doctor alone thrusts his profession into every phase and association of his life. He is always Dr. Brown, M. D. No wonder, therefore, the title has grown so familiar that it signifies little to the educated, and fails to protect against the familiarities of the ill-bred.—*Editorial in Medical Record.*

BOOK REVIEWS.

Text-Book of Hygiene: A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Standpoint. By George H. Rohe, M. D., Professor of Therapeutics, Hygiene and Mental Diseases in the College of Physicians and Surgeons, Baltimore; Superintendent of the Maryland Hospital for the Insane; Member of the American Public Health Association; Foreign Associate of the Societe Francaise d'Hygiene, etc. Third Edition, Throughly Revised and Largely Rewritten, with Many Illustrations and Valuable Tables. Royal Octavo, 553 pages. Cloth, $3.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

Textbooks of Hygiene are altogether too few. This can hardly be accounted for when we understand the prominent place preventive medicine now occupies. We would rather expect an overproduction of works of this kind when the importance of the subject is so well appreciated. We are especially glad, therefore, that Professor Rohé has given us a thoroughly revised edition of his work. How little attention has been given to such subjects as Air, Water, Soil, Sewerage, School Hygiene, Exercise, Bathing, Clothing, Contagion, etc., etc. Yet each of these is of the utmost importance in our study for better methods of preventing and controlling disease. Professor Rohé writes in a conversational style which makes his book very interesting reading, aside from the solid instruction given. It is a work also which can be perused by the public with great advantage. It discusses questions which each physician is required to settle nearly every day

and which are closely related to private and public health. In our endeavors to lower the death rate of a community we should bear in mind that the solution of many sanitary problems can be given were the subjects taught by Professor Rohé fully understood.

Practical Uranalysis and Urinary Diagnosis. A Manual for the Use of Physicians, Surgeons and Students. By Charles W. Purdy, M. D., Queen's University; Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Urology and Urinary Diagnosis at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys;" also of "Diabetes: Its Causes, Symptoms and Treatment." With numerous illustrations, including Photo-Engravings and Colored Plates. In one Crown Octavo volume, 360 pages, in Extra Cloth, $2.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

Chapters on analysis of the urine are found in many standard works, and there are also a number of small manuals on this subject. But we are not aware of any work, of this convenient size, and recently from the press. The price, often so important an item, is such that it can be easily procured by all who pay any attention whatever to this subject. There are many text-books the physician can purchase which he will have rare occasion to use, but a work on practical urinalysis should find almost daily use in nearly every physician's office. Our present knowledge of physiology and pathology enables us to accurately read many of the changes going on in the body from an analysis of the urine. An appendix on the examination of the urine for life insurance will be appreciated by a number of our readers who have that work to perform. Many suggestions are given which will do much toward settling questions in order that neither the company nor the individual may be harmed. Professor Purdy has given us a work of great practical value and one that we are sure will meet with general approval.

The Proceedings of the Fourth Annual Meeting of the Association of Military Surgeons of the United States, held at Washington, D. C., on the 1st, 2d and 3d of May, 1894.

This voluminous work contains 816 pages and is far superior in general make-up to any former edition, having a very comprehensive index, beautifully illustrated with numerous photo-engravings, half-tones and electrotypes, handsomely bound and intrinsically more valuable to any person interested in Military Medicine, Surgery, Sanitation and Equipment than the cost of membership. Extra copies will be furnished by the Secretary at $4.00 each. Address, E. Chancellor, 515 Olive Street, St. Louis, Mo.

The Pocket Anatomist. By C. Henri Leonard, A. M., M. D., Professor of Gynecology, Detroit College of Medicine. Leather, 300 pages, 193 illustrations, postpaid, $1.00. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

This popular Anatomy is now in its 18th edition. The illustrations are photo-engraved from the English edition of Gray's "Anatomy," thus insuring their exactness. It contains more illustrations than any of the other small anatomies, and it is estimated that nearly 20,000 medical students have studied this little textbook.

How to Get Well and How to Keep Well. A Family Physician and Guide to Health. By Thomas A. Bland, M. D., President of the Eclectic Society of the District of Columbia. Boston: Plymouth Publishing Co. 1894. 202 pages, 12mo. Cloth, $1.00.

We are indebted to Ballantyne & Co. of this city for a copy of this most interesting book. It is interesting because it is extraordinary, and it is extraordinary because of the most marvelous statements it contains. One reads it as he would the tales of the Arabian Nights, Robinson Crusoe, or the stories of Munchausen. We are first greeted with the statement that to dump all medicines into the sea would be a blessing to humanity. In speaking of calomel he says: "It is known to all intelligent physicians that calomel does not act at all. It has no more effect upon the human system than sand." He gives this description of mercury, because physicians are now prescribing corrosive sublimate in place of calomel. He says when the people learn this new trick they will rebel against it as they did against calomel. In speaking of opium, he says: "It never cures disease, but always does what it can to prevent a cure." Certain newly-discovered poisons have greatly increased the mortality of disease within a few years. His description of typhoid fever is something wonderful. He writes as one who has never heard of the existence of a pathogenic germ. Malarial fever and typhoid fever are the same, one running into the other. "In my practice I have had but few cases

of typhoid fever, except such as had been first treated by some other physician." Pneumonia "is simply a severe cold settled upon the lungs. Diphtheria and scarlet fever are so closely allied to each other that they are modified forms of the same disease." The author says: "At any rate they require the same treatment." In speaking of measles and scarlet fever he says: "It matters little if the two should be confounded with each other, as the same treatment is recommended for each. Both the diseases are dangerous if badly treated, but if treated as here recommended they are not dangerous." The principal treatment for all diseases is a lobelia emetic. It is recommended in bronchitis, bronchial consumption, "once a week or oftener." In scarlet fever, a lobelia emetic; in measles, a lobelia emetic; in influenza, a lobelia emetic; in asthma, a lobelia emetic; in apoplexy, a lobelia emetic; in dropsy of the head, a lobelia emetic; in cholera morbus, a lobelia emetic; in bilious colic, a lobelia emetic. But why continue the list? The author says he has given this emetic to a child of one day and to persons of eighty years, and there is no medicine "more powerful in removing disease and promoting health."

But the regular physician must soon pass away, for "the publication of this book marks an era in the theory and practice of medicine, a new departure in the healing art. The author is a reformer of the most radical type." He regards all laws for regulating the practice of medicine as "acts of tyranny scarcely paralleled in the annals of Old World despotism." He says he defeated such a bill recently introduced into Congress. He reaches the climax of his knowledge when he says that "Vaccination does not prove a protection against smallpox unless it produces that disease in the person vaccinated, and one had as well get smallpox in the regular way as to have it injected into him by a doctor. Vaccination is an unscientific and barbarous practice." We have given this rather long review in order that our readers may know what a rich treat is in store for them if they would only invest a dollar in this display of as much ignorance as we have seen between the covers of a book in many years. We cannot understand how the author could have written it without dangerous attacks of convulsive laughter. But probably in this case ignorance was bliss, as the author will probably never be aware of the many foolish things he has said and of the ridiculous light in which he has placed himself before people of ordinary intelligence.

The Physician's Visiting List for 1895. Forty-fourth year of publication. P. Blakiston & Co., 1012 Walnut St., Philadelphia.

This old and reliable visiting list comes to us with new improvements each year. The first thirty pages are taken up with tables of various kinds, new remedies, poisons and antidotes, examination of urine, etc., etc. The blank pages are for visiting list, address of patients, accounts, obstetric engagements, etc. For sale by all booksellers and druggists.

The Popular Science Monthly.

There are a number of very interesting articles in the December number of this journal. Probably those which will interest physicians most are articles on The Chemistry of Sleep; Pithecoid Man; and Responsibility in Crime from a Medical Standpoint. The last of these is an illustrated paper by Dr. Sanger Brown, of Rush Medical College.

The Forum.

The leading article in this journal for November is the Political Career and Character of David B. Hill. Physicians will enjoy the article by the Rev. John W. Chadwick, on Dr. Oliver Wendell Holmes. The temperance problem is discussed by Dr. E. L. Gould. The most interesting article to physicians, however, is one by Nathan Straus on "How the Infant Death-Rate was Reduced in New York." The December number, also at hand, containing a number of articles which are especially interesting to physicians.

Send twenty cents in stamps to McArthur Hypophosphite Co., Boston, for McArthur Pocket Diary, 1895. It is one of the handiest and most useful little books for the physician we have ever seen.

THE PROGRESS OF MEDICINE.

Treatment of Intestinal Affections.

"Remove the cause: repair the damage." As we become better acquainted with the germ theory of disease so does this motto become a better guide. We cannot always follow its teachings. Often before we know the enemy is present, serious damage has been done. Then the work of repair is accomplished only with great difficulty. In fact sometimes we seem obliged to let nature do the entire work, while we sit idly by or, at most, only lend a weak helping hand. Happily this is not always the case. When the invading enemy is within reach of our modern antiseptics we can often completely destroy it, and that, too, even before serious damage has been done. But no matter how slight the injury, it is often associated with such a disturbance of the nervous system, due to peripheral irritation or to the absorption of the poisonous germ products, that pain, more or less acute, is produced. While this pain lasts the system is in no condition to recuperate. The nervous irritation must be relieved for a speedy recovery to take place.

Now, in the case of Affections of the Gastro-Intestinal Tract, have we a drug which can be safely taken internally, that will destroy pathogenic germs? We believe such a remedy exists in Salol. Hare says, "it is worthy of note that this drug rarely produces untoward effects." He says further that Salol "is of the greatest value in duodenal catarrh and catarrhal jaundice." And he further adds it is "of great value in disorders of the intestine. Indeed, there is no remedy which can exert the same power for good in cases of intestinal indigestion and fermentation." He further adds that "it renders the intestinal canal antiseptic, and so *removes the cause* of the disorder, instead of locking the putrid material in the bowel, as does opium." He regards Salol "as one of the most valued drugs in the treatment of intestinal affections." We may set it down, therefore, as set forth by this eminent authority, that Salol will remove the cause of the great majority of the diseases of the digestive tract. What other remedy have we, than opium, which will quiet the nervous system and control the pain; which will not lock up the secretions of the body or produce the undesirable symptoms following that drug? Such a remedy is found in the new coal-tar product, Antikamnia. It would appear, therefore, that a combination of these two remedies, Salol and Antikamnia, is exactly indicated in the large class of intestinal disorders, in order that the cause may be removed an- the damage repaired. We need not enumerate these affections in detail; for such ailments as Duodenal Catarrh, Catarrhal Jaundice, Fermentative Dyspepsia, Diarrhœa, Dysentery, Cholera, Cholera Infantum, Typhoid Fever, Diarrhœa of Phthisis, etc., etc., at once occur to the mind of each practitioner.

THERAPEUTIC NOTES.

Dr. Ira D. Hopkins of Utica, N. Y., says he has been in the practice of medicine over thirty years and has never found a remedy that equals Sanmetto in the treatment of all genito-urinary diseases of men and women. He has used over fifty bottles of it.

Dr. D. W. Horder of Kearneysville, W. Va., reports two cases greatly benefited by the use of Phytoline. One patient lost fifty pounds under its use, became stronger, more cheerful and changed from a person not expected to live from one day to another to one who now goes about everywhere and does considerable housework.

Dr. J. G. A. Davies of Canaseraga, N. Y., says that Ponca Compound is a specific for a large class of trouble where the uterus, ovaries or vagina are involved.

By the use of the Columbia Natural Lithia Water Mr. R. Baldwin of Washington, D. C., declares he has been cured of Bright's disease. The proprietor of this lithia water kindly offers to deliver samples of it to any physician in this city who desires to test the same.

Dr. W. Veatch of Carthage, Ill., says he has cured a case of eczema of twenty years' standing by the use of Pineoline. He prescribes it in every case of this troublesome affection and always with good results.

One of the most distinguished surgeons in Naples, Prof. Cesare Olivieri, recently had to undergo the operation for tracheotomy, because of some neoplasm in the larynx. The usual hypnotics failed to relieve the insomnia, from which he suffered terribly. By the use of Bromidia, however, the desired results were promptly produced.

Dr. H. M. Ives of Parkesville, N. Y., says that Tongaline is the only remedy that has made his life worth living, as it gives him prompt relief from the most intense attacks of rheumatism and neuralgia contracted during the war.

Dr. John J. Shaw of Plymouth, Mass., says he uses Peacock's Bromides with excellent success, and he regards Chionia as an extremely successful preparation of great therapeutic value.

Messrs. A. E. Holden and O. F. Letoriere have been calling upon physicians in this city in the interests of Panopepton. We understand this preparation is the most generously received of any which the firm of Fairchild Bros. & Foster have put upon the market. Panopepton is a bread and beef peptone, containing all the nutrients of the two great types of food—beef and bread. It contains every element of nutrition, both albuminoid and carbon hydrate.

Attention is called to the accuracy of the thermometers as manufactured by Taylor Bros. Their thermometers are thoroughly seasoned before marking and then are most carefully tested for any inaccuracy. Taylor Bros.' thermometers are being accepted all over the country as the best and most reliable in the market.

Vin Mariani has won the day over the uncalled-for attacks of a recent Ohio chemist, who now comes out with the statement that he was in error when he made criticisms on this preparation, and declares it fully up to the required standard. In haste he thought to overthrow this excellent preparation, but his action has only served to advertise these goods and to make them even more popular than ever.

Sharp & Dohme manufacture some of the finest hypodermic syringes in the market. Their hypodermic outfit No. 4 consists of a flexible leather case containing one syringe, two needles and six tubes of tablets. The peculiar feature about the syringe is that by simply drawing out the piston rod to its full extent, then turning it to the right or the left, the leather plunger can be made to expand or contract and thus be made to fit the barrel as tightly as may be desired. The needles are very fine. Our readers should investigate this new syringe before purchasing elsewhere.

We are in receipt of an illustrated monograph on Kola. This is published under the direction of Dr. F. E. Stewart, formerly lecturer on Materia Medica and Pharmacy at the Jefferson Medical College, but now in charge of the scientific department of Fred'k Stearns & Co. This monograph consists of 75 pages, illustrated with 25 figures. A copy of this will be sent to any physician who will make a request for the same.

Horsford's Acid Phosphate.—For many years we have used this preparation and there has hardly been a month when it has not been in the house. During this time we have made it a practice to drink only water that has been boiled. By adding a small amount of the acid phosphate a tart is imparted to the water, which removes the flat taste so characteristic of boiled water. A glass of tepid water slightly acidulated with this preparation is a pleasant and valuable drink to take just before retiring for the night.

Dr. E. P. Jones writes to the November number of the *New England Medical Monthly* that there are many cases of pulmonary affections to which cod-liver oil is not adapted. He reported four cases of true phthisis which have received great benefit from the use of Angier's Petroleum Emulsion. He says the advantages of this emulsion are its palatability, its easy digestion, its prompt assimilation, and its sedative effect upon mucous surfaces.

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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Criticism of the Germ Theory.

Many of our readers had the pleasure of listening to Dr. Joseph Price as he read his paper before the Medical Society on the evening of November 28. Probably no part was enjoyed more than his sharp thrusts at the extreme advocates of the germ theory.

In exact accord with this address is one recently delivered by Lawson Tait. The address can be found in full in the December number of the Buffalo *Medical and Surgical Journal*, where it occupies twenty-five pages. We are surprised to learn that one of the most selective methods of research by staining was the invention of Mr. Tait. In speaking of this he says:

"I was the first to show that fresh tissues of the greatest delicacy, such as the umbilical cord, could be cut of less than a thousandth of an inch in thickness, so perfectly that the whole diameter of the cord could be cut and mounted fresh without a single air bubble in it. In this way I unraveled the anatomy of the cord so completely that not a single fact has been added to or taken from my description during the eighteen years which have elapsed."

Under the head of Tuberculosis, he says that he has come to the conclusion that the characteristic bacillus of tubercle, "about which I am sure there can be no doubt whatever that it exists," is a product of the disease and not its cause. He says the skin doctors have arranged themselves into two camps — germists and anti-germists. They have quarreled and slanged each other like gynecologists, and have settled nothing.

Mr. Tait describes the method followed by an American surgeon for operations on the perineum. This American surgeon describes how all his instruments are rendered aseptic; how all the sutures and ligatures are boiled in bichloride solutions; how the denuded surfaces are bathed in the bichloride; how the sponges are cleansed; how the vagina is irrigated, etc., etc. To all this Mr. Tait replied as follows:

"I have tried to estimate how many reparative operations I have performed on the perineum, and I find that it cannot be much short of 1,500, as in one year I have records of 226, while for many years I kept no record of them at all, and do not now. If we take them at a thousand it will be enough for my purpose. I have all the records of death certificates that every occurred in my practice, and there are only two deaths associated with that operation in all my work. Both were old women nearly seventy, on whom any operation, however

slight, would have been serious, and in one certainly death occurred from a cause, apoplexy, not a result of the operation, not dependent at least on the question now to be submitted. My mortality, in its greatest reckoning in this operation, is under .02 per cent. My American friend, who criticises my proceedings in most unintelligent and almost unintelligible fashion, gives his own mortality as over 5 per cent."

Yet Mr. Tait challenges any one to say that he has ever seen anything about this work save absolute cleanliness. For nearly twelve years he has never used anything in the shape of an antiseptic in the treatment or dressing of wounds. "Yet my published statistics have not yet been either contravened or beaten in their record." He says the newest Listerism is the perfect cleanliness which he has been preaching for years.

"Let me see a list of 500 amputations below the knee for disease, done under fairly good circumstances, and without any of Lister's dodges; and another list of 500 under equally good circumstances, but under the completed system of germicides last announced, and most believed in, and we might get some notion of the value of the latter. The mortality of the second list would have to be less than 5 per cent before we accept it as worthy of what it pretends to be, for that mortality is proved to be nearly the normal mortality of the operation in question and all mortality above it is an illegitimate excess.

"It was Simpson who cried out after Howard against over-crowding in hospitals. It was Simpson who cried out most loudly for better ventilation and cleanliness, and against the use of dirty hands and sponges.

"It was he who taught after Semelweiss the doctrine of contagious virum in midwifery, and appealed for the aseptic treatment of lying-in women. By anæsthetics it was Simpson who made all our modern surgery a possibility.

"He has been dead hardly these five and twenty years, and all this splendid work is as much forgotten as if it had never been done, and the glorious progress which has come out of it, is given to a theory which is no theory at all but a phantasm, to a system which has been proved an inconstancy and a broken reed—a thing which yields at every blast either to scholastic logic or eclectic experiment."

Massage, Baths, etc.

The English medical journals are having a good deal to say over the discovery that many of the places in London advertised as giving "Massage, Steam and Medicated Baths, Electric Treatment," etc., are not just what they are represented to be. The *British Medical Journal* gives an exposé of some of these, and it is only necessary to add that the exposure consists simply in showing that the attendants who administer the baths and other treatments are women who have at least good forms to recommend them. That such places have existed for some time in New York and Chicago is well known; but that we have them in our own city is news of a more recent character. Such places are advertised in our daily papers right by the side of similar notices of an altogether different "character." To attempt to raise a cry against all houses of a disreputable character is not our mission at present, but it is in our field to defend a very desirable and almost necessary business: that of furnishing a variety of baths, with or without massage.

It appears that the time has arrived in this city when it is necessary for the physician to be personally familiar with all the ins and outs of these places before he can safely recommend them to

a patient. To follow the advertisements as they now appear in the papers is to run the danger of sending our patients to places where they run a fair chance of requiring further need of our services in an altogether different manner.

The dailies do not seem to care one iota about anything which affects the health of a community; else why do they allow the constant display of columns of advertising, columns of lies, which set forth the wonderful qualities of injurious remedies and dangerous appliances?

We simply wish to add that even the medical profession is now being invaded by the occupants of moral pest-houses, and that, at the present rate, it will not be long before they will transact their business under regular professional signs.

New Medical Society. It is with much satisfaction that we announce the formation of another medical society. While any regular physician in good standing will be eligible to election, yet it is generally understood that the members will consist largely of those more especially interested in the work of the Howard University. As a result the colored physicians of the city can have all the advantages coming from such gatherings and no objections raised. Such a step as this cannot fail but result in great benefit to those most interested in it. Whatever aids a part, aids the whole; therefore, we should all be glad the step has been taken.

The New Hospital. Another hospital is now under running orders. A full staff has been chosen and the doors are opened wide to welcome the unfortunate. As this movement has had our support from the very beginning, we cannot now consistently say anything against it. But to the future questioner, Shall we have another hospital in the city? we would answer most emphatically, No. Another free dispensary? No. Another emergency? No. We have enough. Already it is hardly necessary for one to have a physician for any trouble, with the view of ever paying him. The city physicians look after all those truly unable to pay (receiving nothing for it!); the free dispensaries take a large part of the intermediate class, able but unwilling to pay; the hospitals get many a good surgical case, and chronic ailment from persons well-to-do in this world's goods, and emergency cases are treated after the emergency has passed. In view of all this, what ghost of a chance has the young practitioner? His only chance to get practice even is to become connected with one of these institutions. Failing, he is in a fair way not to write a prescription; while he is quite sure to starve, unless provided with funds from other sources. There is too much giving of professional services now. We are said to be charitable; but this is not a kind charity. Let us have no more free dispensaries; else the streets in front of them will be blocked with the carriages bringing the patients and thus the commerce of the city will be impeded! We give two reasons for opposing another free dispensary: first, it is not a true charity to the people who will patronize it; and, second, it is a positive injury to the prospects of the young practitioner who is only too ready to answer calls.

Defense of the Dude. We are now prepared to defend the dude. One thing can surely be said of him: he looks clean. Not one little part of him, simply; but the whole individual. His collar is not melted with the heat of many summers; neither are his shoes covered with the sands of time. His

linen is not stained with the drippings of a tobacco press ; neither are his teeth covered with the green algæ of antiquity. His face is not the sign of a poor barber ; neither are his fingers plowed with the deep fissures of the bichloride. The dude is surgically clean. Tubercle bacilli slip from his polished footwear ; and the Klebs-Lœffler cannot find a nesting place beneath his nails. He is the latest teacher ; and wise are those who profit by his lessons.

The Medical Society. We again desire to call attention to the remarkable prosperity of our Medical Society. Rain or shine, each week finds the place of meeting well filled with members, determined to get some profit. The attendance often reaches a hundred and many times passes this number. Not the slightest bad blood is ever displayed, no matter how sharp the discussions. We do not believe there is another city in this country which can give such a record, week after week. To those who are not members we would say that much pleasure and great profit is being lost. Come and join us without delay.

Reports of Hospital Work. It is impossible for this journal to obtain accounts of the work performed at the various hospitals in this city. Repeated efforts have been in vain. We are informed that reports cannot be given out without the consent of the Board of Management ; and that these boards are slow about allowing any such thing. Why not let the profession know what is going on here ? If the attending physicians give so freely of their time and skill, they should certainly be allowed the privilege of letting their professional associates know what they are doing. The best interests of the hospitals, as well as of the attending physicians, demand a change in this particular.

Antitoxin Treatment. The antitoxin treatment of diphtheria is engaging the attention of Congress, and already a resolution has been introduced with the object of having thorough tests made, under the general supervision of the medical officers of the Army and Navy. Investigations under such competent leadership would give conclusions which all the world would accept as of the greatest value. But what is to be expected in the way of appropriations from such a Congress ?

The Contagious Hospital. By a test vote the Medical Society put itself on record as not desiring to interfere with the action of the Commissioners on the question of the selection of a site for the contagious disease hospital. The Medical Society can express itself on the dangers to an immediate community arising from the presence of such an institution, but further than this the question rests with the men as citizens, not as physicians.

Reforms. Altogether too much is being said about the great reforms which are being instituted at the Freedman's Hospital under the new generalship. Even the city papers speak in the highest praise of a suggestion to the Commissioners that additional fire plugs be placed on the grounds. No great changes can be made in said hospital because any such changes would be detrimental, as the prior management was most efficient. To be a Democrat from Chicago does not imply an endowment of medical skill superior to that of a Republican from the District of Columbia !

Food. The December number of *Food* contained original communications on Water Supply and Sewage Disposal ; Physical Training as a Reformative Agent ; Electricity in Medicine ; The Qualifications

of a Physician; and Can the Sick be Healed by Faith Alone.

The January number contains original communications on Pure Water vs. Purified Water; Hygiene in our Elementary Schools; Hygiene in Medical Education; Intestinal Digestion; and other subjects.

The subscription price of *Food* is two dollars a year. It will be sent to any address, together with this journal, for that amount. Subscribe for *Food* and get this journal free.

The National Medical Review

will ever set forth the advantages which come from connection with the local Medical Society. It can do so in no better or more effective way than by publishing all the discussions which there take place. Read them carefully.

Permanent Home for Medical Society.

On the evening of December 19, the President's address was given before the Medical Society of this city. A full notice of this will appear in our next number. Not to delay an important matter we print in full the following circular, the idea of which the President strongly set forth:

"The undersigned, a member of the Medical Society of the District of Columbia, does hereby agree and promise to pay annually, for ten years next succeeding, the sum of dollars, in lawful money of the United States, one-half to be paid in January and the second half in July of each year; provided, however, that in the event of my death or permanent removal from the city at any time during the said period of ten years, the subscription shall cease; and provided, further, that in the event of default of payment by removal, death, neglect, refusal, or inability, the amount paid shall be forfeitted to said society.

"This subscription is made upon the distinct agreement and understanding that the money hereby subscribed and paid shall be used, employed and appropriated for the sole purpose of procuring a permanent place of meeting for the Medical Society of the District of Columbia.

"Please fill the blank with such amount as you may think proper, and enclose the circular to Dr. G. Wythe Cooke, Secretary of the Committee, No. 3 Thomas Circle, Washington, D. C."

S. C. Busey,
W. W. Johnston,
G. Wythe Cooke, } *Committee.*
J. Dudley Morgan,
T. N. McLaughlin,

Fatal Case of Hypnotism.

This two-edged sword we have often discussed. We believe none but physicians should ever be allowed to practice it; and we further believe that a physician who has either his own or his patient's interest at heart will not employ it. That you can do certain things with it is beyond question. But that it is an agent, dangerous alike to all who come in contact with it, we surely believe. Its advocates have freely claimed that no matter what might be said against hypnotism it was never fatal. According to a foreign exchange, however, a fatal case is reported from Hungary which is sad in the extreme.

Making Fun of Death.

We have been under the impression for some time that the Washington *Post* favored the Humane Society of this city in its efforts to abolish all forms of vivisection from the District of Columbia. The anti-vivisectionists would probably have a complete collapse if they should ever see an animal which was made to suffer at the hands of the experimental physiologists, no matter if that animal was the meanest dog on the street. For fear the dear darlings—we refer to guinea pigs, rabbits, cats, dogs and broken-

down street-car horses—would suffer the least particle of pain these misguided people would cut short all investigation for the production of antitoxine, in order that their own children might be saved the horrible deaths from diphtheria. But now the editor of the *Post* shows the consistency of these people in openly making fun of death. In the morning paper for December 21, 1894, is an editorial on "A Real Vanishing Lady." We have described here a young lady who is afflicted with an incurable disease. She is suffering the most intense agony and her friends have only to wait for death to come to her relief. And yet in the midst of all this suffering and sadness the funny editor of the *Post* proceeds to make sport of her. It is a rare exhibition, we are glad to say. We do not remember of ever having known before of a paper being so hard pressed for material that it had to enter the death chamber and deliberately make sport of all that is serious and sacred. If this editor desires to continue in this line of literature he need not go to Fall River, Mass. He might attend a clinic in one of the hospitals or hang around the Emergency Hospital. He might even have a photographer accompany him in order that the harrowing details of suffering might be illustrated with photo-engravings of the writhings of the dying. A dog must not be touched, an old street-car horse must never suffer the pain of having a hypodermic needle inserted beneath his tender skin. But there can be no objection to making sport of a person afflicted with an incurable disease. At least this is the apparent teaching of the daily medical journal of this city.

Cure for Phthisis.

The latest cure for phthisis is the inhalation of chloroform. A writer in a foreign exchange says that the chloroform kills the bacillus *in situ*. Chloroform will also kill the patient *in situ;* not only *in situ* while on the operating table, but also when *in situ* in bed. Yet our exchange recommends the inhalation of this powerful agent "at brief intervals daily for a considerable period"! The author of this ingenious method of either killing the bacilli *in situ* or the patient *in situ* has certainly a very poor knowledge of the course of these bacilli after they once enter the respiratory tract. If he only had some remedy to recommend together with this treatment, we would have more confidence in it, for then the argument might be advanced that while the anæsthetic put the bacilli to sleep *in situ*, his remedy came in and killed them by hitting them in their *in situ!*

New Work by Dr. I. C. Rosse.

The second volume of Medical Jurisprudence: Forensic Medicine and Toxicology is just from the press of Wm. Wood & Co. In this volume are two interesting chapters by Dr. Irving C. Rosse of this city. The first, on Sexual Incapacity in its Medico-Legal Relations, covers some thirty pages and is a most careful and complete discussion of the subject. A large number of special points are taken up, such as the Dissolution of Marriage because of Sexual Incapacity, and each one is dealt with in the manner peculiar to this writer, viz: careful and close analytical work.

The second chapter treats of Unnatural Crimes, and is in the line of a paper read before the Medical Society of this city, on the same subject and by the same author. All this work is in keeping with the special line of practice, Nervous Diseases, which Dr. Rosse has followed for so many years.

We know of a complete outfit for physician—horse, carriages, sleigh, etc., for sale cheap. Inquire at this office

PROCEEDINGS OF THE MEDICAL SOCIETY OF D. C.

Electricity in Medicine.

At the meeting of the Medical Society for November 7, Dr. F. B. Bishop read a paper on Electricity in Medicine. The author said that he used only galvanic and faradic batteries for a number of years and believed these were all that was necessary. But of late years he had found it necessary to use the static machine and now considers it a very necessary part of his outfit. He regards the Holtz machine, as improved by Dr. A. L. Ranney, as the best. About as good, however, is the machine designed by Dr. Morton of New York, which has the Wimhurst influence machine inside the case of the large static apparatus. This, in the author's opinion, is rather a disadvantage. The static current possesses physiological and therapeutical properties peculiar to itself. This current is yet in its infancy, viewed from a therapeutical standpoint, and it is easy to understand how a great field of usefulness awaits it in the near future. Dr. Bishop had a current of eight hundred thousand volts pass through his body, with the effect of creating a sensation something like that produced by the regular static breeze. This enormous current was rendered harmless because of the rapid vibrations, amounting in this case to not less than two hundred thousand a second. The faradic current is especially useful in the detection of simulation and in the differentiation between inflammatory and hysterical pains. For the relief of pelvic pain, the faradic current of high tension is the best agent we have, provided the pain is not due to inflammation. Weak and exhausted patients are often completely restored to health by general faradization, as introduced by Dr. Rockwell of New York, years ago.

Dr. Bishop speaks highly of the Rockwell coil for general use and convenience. This coil contains 8,000 feet of wire of different sizes and lengths, and wound and tapped in such a way as to produce twenty-one combinations of current. This is the coil Dr. Bishop uses daily in his office. For scientific clinical work, and recording cases examined, measuring the faradic current, etc., Dr. Bishop thinks that the faradic apparatus, recently completed by Dr. George B. Engleman of St. Louis, the best.

Dr. Bishop uses a cabinet battery of forty Leclanche cells, designed by himself, in his office. This has a simple switchboard with pole changer and in circuit with a Baily rheostat and Waite & Bartlett's improved milliampere meter. For portable purposes the fluid battery is preferable.

Dr. Bishop illustrated his paper with the report of a number of cases showing what could be accomplished with this agent. The paper closed with a description of a number of special electrodes, the instruments being on exhibition. The author called especial attention to an electrode for the hydro-electric application of the constant current, as originated by Dr. Margaret A. Cleaves of New York. This electrode resembles a vaginal syringe nozzle with shield and return flow. The vagina is filled with fluid, medicated or not, this fluid forming the internal electrode, while an indifferent electrode is placed upon the abdomen or back. Dr. Bishop recommends this method of treating pelvic exudates, ovaritis, etc. The author also exhibited female and male catheter electrodes. He also exhibited an instrument made for him by Waite & Bartlett of New York, which he believes is an invention of his own. It resembles an ordinary urethral sound of hard rubber with male electrodes very ingeniously arranged. It forms a bipolar electrode for treating the prostatic urethra, irritable prostate, etc. Many of his instruments were made for him by the Jerome Kidder Manufacturing Co., who had taken great pains to meet his demands, and who had agreed to keep the instruments hereafter in stock.

The author concluded with exhibiting a number of small instruments which he had made from material usually found in a physician's office and yet which met a number of demands not supplied by the ordinary instruments as purchased from the manufacturer.

DISCUSSION BY DR. ROBERT REYBURN.

Dr. Reyburn said he had seen excellent results from the use of electricity in the treatment of fibroid tumors of the uterus. It relieves symptoms, such as hemorrhage, reduces the tumor in size and restores the patient to fairly good health. Six cases had been benefited by it and had passed out of his hands in good health. He had gotten a fine apparatus a few years ago, not because he thought it a cure-all but as a valuable addition to his armamentarium. He was glad to see that there was a reaction against removal of the uterus for fibroids among gynecologists. Electricity is valuable in the absorption of pelvic exudates, and small growths of the skin are easily removed by it.

DISCUSSION BY DR. J. FORD THOMPSON.

Dr. Thompson said his predictions about electricity had come true, as it was a flat failure in surgery. In applying it in urethral surgery he had lost valuable time. It is a failure in the vast majority of gynecological cases. He could not agree with Dr. Reyburn that gynecologists were abandoning extirpation of the uterus for fibroids; on the contrary the operation is becoming more popular, as the mortality is being reduced almost to nothing. He did not judge so much from his own experience as from that of others in pronouncing electricity a surgical failure.

DISCUSSION BY DR. G. L. MAGRUDER.

Dr. Magruder said he had invested in a fine apparatus and had intended to make a thorough study of electricity, but it took too much time. He had, however, seen decided benefit from electricity in relieving pain. This was especially seen in cases of onychia. He gave the details of a case of gout that had been benefited by being placed in Apostoli's electrical cage. This patient's daughter suffered from chorea and had received more benefit from this treatment than from any other.

DISCUSSION BY DR. I. BERMANN.

Dr. Bermann said he was very much interested in Dr. Bishop's paper and wished to make a few remarks in regard to a combination of currents not mentioned. In his practice the combination of the faradic and galvanic currents —named after its inventor, DeWatteville —had been of great assistance to him principally in the treatment of deafness. He applied this mixed current, the negative electrode in shape of a platina wire introduced through a catheter into the Eustachian tube with a large positive electrode applied to the outer ear, for one or two minutes. It is astonishing that such a tender organ will stand such large currents as he had given without the slightest reaction. The Faradic battery he uses for this purpose is the so-called chloride of silver, dry cell battery made in Baltimore, and toward the end of the application he usually passes the coil completely over the induction coil, while the milliampere meter of the galvanic battery registers one to two milliamperes. Only a few days ago one of his patients, who has been deaf for at least ten years, so that she can only hear with the speaking tube, reported that twenty-four hours after the last application he gave her she was able to hear perfectly well without the speaking tube for fully twenty-four hours. He does not mean to assert that this treatment will answer in all cases, but in a certain number of properly selected cases it will be found very effective. He also agrees with Dr. Bishop as to the value of the galvanic current in severe neuralgia. Its curative effect is sometimes quite astonishing. It was made very patent to him only lately in a case of infra-orbital neuralgia in a lady who was brought to him for operation on the antrum, as her case had been diagnosticated as abscess of the antrum in consequence of an extraction of teeth. He could not confirm that diagnosis, and proposed the treatment of galvanism, which was accepted. The neuralgic attacks had been so severe that they prostrated the lady when they occurred, which happened every week or two. She was unable to take any food and had also very severe attacks of vomiting. He made the application with the negative electrode in the nose, applied between the lower and middle concha, and the positive pole, as a large sponge electrode, over the zygomatic arch, last-

ing from two to three minutes. After two weeks of this treatment the lady went home and since he heard from her last she has not had any return of the trouble. As regards the use of the galvanic current for electrolytic treatment of moles, warts, for cosmetic reasons, he does not agree with Dr. Reyburn. He does not say they will not disappear by its use, but they will always leave scars. A much superior means at hand to do away with these disfiguring growths is the trichloracetic acid, which will remove anything of that character without leaving a trace of a scar behind, when properly applied. He cannot agree with J. Ford Thompson in regard to the uselessness of the galvanic battery in the hands of the surgeon. Aside from different modes of application he has seen it do very good service in cases of sprained ankles where there was a great amount of effusion in the joints and total inability of the patient to use the foot. The case in mind is one which most likely would have formerly been put in a plaster-of-Paris bandage for six weeks. About five or six applications of the galvanic current, with the cataphoric electrodes moistened with iodide of potassium in solution, followed by proper bandaging, produced a complete absorption of the exudation, and enabled the patient to use her foot for walking after one week. If he had not observed this case with his own eyes he should very likely feel as incredulous about it as Dr. Thompson's looks seem to imply.

DISCUSSION BY DR. J. E. BRACKETT.

Dr. Brackett could not see why pain due to inflammation should be relieved by an electric current. Certain anemic neuralgics—where we have a "starving nerve crying for nutrition"—may find relief by such a current until nutritive processes are set up and the nerve restored to its normal, healthy action. The variable pains, often intense, of hysteria are quieted by electricity; but then these pains, while severe and apparently alarming at times, have no existence in fact; there are no pathological changes to account for them, and they exist only in the mind of the patient. It is possible, therefore, that the relief in such cases is due as much to the presence of the battery as to the current. He was very much interested in the vaginal and rectal douches. Had found water as a medium for transmission of great utility. Cases of debility due to almost any cause, particularly in mental or physical exhaustion from overwork or what-not, were greatly benefited by a simple bath of warm water, through which an electric current may be passed by dropping an electrode into the water and allowing the patient, while in the bath, to hold the other in the hands, or pass it about over the body. Was inclined to discredit, or at least look with suspicion upon marvelous cures by electricity, as often reported in journals.

DISCUSSION BY DR. E. OLIVER BELT.

Dr. Belt said he had some little experience with electricity in the treatment of eye and ear diseases. It had certainly given temporary relief from pain in cases of iritis and keratitis; whether it had shortened the duration of these diseases he could not say. He had used it in two cases of progressive atrophy of the optic nerves and in a case of soft cataract without benefit. In these cases he had used from one to three milliamperes for three minutes every other day for about two months. In ear cases he had obtained relief from the pain which sometimes accompanies chronic aural catarrh, and a few cases of tinnitus had been relieved by the faradic current. For destroying wild hairs in the lids, or superfluous hairs and small warts, moles or other growths about the face, he thought we had nothing better than electrolysis. Large growths would leave some scar, but not more when destroyed by the electric needle than by caustics. He used the Vetter switch-board or wall-cabinet, and utilizes the constant incandescent current from the street for galvanism, faradism and electrolysis. He finds it a very satisfactory and reliable instrument, and can measure from one-fourth of a milliampere to as strong a current as he desires in his work.

CLOSING DISCUSSION BY DR. BISHOP.

My experience in the treatment of fibroid tumors has been similar to Dr. Reyburn's. The majority of the cases

have been symptomatically cured, and in all cases the general health improved. The patients have generally attended to other duties during treatment, and in no case have I seen them confined, for weeks, to their beds, with their lives threatened, as the result of operation, as is sometimes the case after surgical operations.

I am sorry Dr. Ford Thompson was called away before I had a chance to thank him for his expressions of kindness to me, and in regard to treatment of urethral stricture by electricity. I believe the majority of medical electricians are of one opinion upon this subject. Dr. Newman read a paper before the "American Electro-Therapeutic Association," at its last meeting, giving statistics of cases treated to date. He produced letters from prominent physicians, all over the world, commending his method.

I have treated a number of cases successfully, and so far have heard of no return of the stricture.

I am glad that Dr. Magruder mentioned the wire cage. I am under the impression that the idea originated with Dr. Kellogg, of Battle Creek, Mich. The cage is a circle of wire netting, suspended from the ceiling and lowered so as to cover the patient, and attached to one pole of the static machine, while the other pole is attached to the patient. Dr. Kellogg claims great therapeutic effect from this treatment. I have one of these cages in course of construction and will soon use this method in my office.

I have often used the combination of galvanic and faradic current as suggested by Dr. Beaman, and in suitable cases with great benefit. In removing blemishes from the face, scars may be avoided by exercise of care.

In reply to Dr. Brackett, would say that I have not claimed to relieve pain in all cases due to inflammatory conditions, but believe, however, in some cases, it may be done. I cannot agree with him that hysterical pains are imaginary. Hysteria is a disease of the nervous system, due to some local or general cause, and the pains are true pains, from which the patients suffer as much as with pains from other causes; and even if they should be pains of the imagination, the patient suffers with them as much, and perhaps more than if they were due to some inflammatory condition. The effects of electricity may be overrated, as suggested by Dr. Brackett, but not as a rule by the electrician. I am glad he is pleased with the douche; and as the electric bath, of which he speaks so highly, is so beneficial to a tired healthy man, why should not electricity, by its various methods of application, be beneficial also to the sick?

Dr. Belt, I believe, uses more current to the eye than the majority of electricians in his branch; in fact, it is a hard matter to get a milliampere meter that will measure with sufficient accuracy the small amount of current needed in these cases. In optic atrophy, of course, we would not expect electricity or any other agent to do any good.

LUES VENEREA.

At the meeting of the Medical Society of November 14, Dr. H. A. Robbins read a paper entitled Lues Venerea.

DISCUSSION BY DR. J. FORD THOMPSON.

Dr. Thompson, in opening the discussion, said this subject had been of so much interest to him that he had given it special attention from the earliest days of his professional life. The first paper that he read before this Society was upon the Duality of Syphilis. This theory was then new and his paper excited much adverse criticism from the older members of the Society. There are many points of interest in the history of syphilis and its appearance in Europe. About the time of the discovery of America by Columbus it appeared in an unusual form in Europe. Upon the return of the army of Charles VIII it spread rapidly over Europe. Prior to this a local sore was recognized. It then lost interest but was discussed in a general way until the French brought the question forward again and proved that there were two distinct local sores.

The diagnosis is not as easily made in all cases as Dr. Robbins would have us believe, and his criticism upon the teachers and general practitioners is unjust.

It is unsafe in many cases to make a diagnosis with positiveness. He had seen many cases without the characteristic Hunterian chancre and yet he had watched them and seen true syphilitic symptoms develop, but of a mild type. The practice to wait has become almost universal.

There is but little difference in the treatment of the two local lesions. Burning and cauterization are about abandoned. The treatment is tentative through the stage of incubation. It is now rare to see aggravated cases of syphilis, which is the best evidence that the cases are being treated by the most approved methods.

Of course there is a difference between the treatment in the two diseases. If the chancre is syphilitic the question is whether it is better to wait for secondary symptoms or begin with mercury. Some specialists have gone too far and begun with minute doses of mercury; this is good practice only in mild forms. He then gave Neumann's classification of cases in his clinics into three and the appropriate treatment of each.

Early secondary symptoms should be treated heroically by mercury either hypodermatically or by inunction. He preferred one of these methods to its internal administration, because he had seen the symptoms disappear like magic. He had never seen such results by ordinary methods. He believed the microbe more easily killed this way; then comes an interval of non-medication followed by more mercury; if this method is pursued we will see fewer relapses in the latter stages of the disease.

As to the dangers of infection, many are safe only after the disappearance of every symptom—that is, after they had been under regular treatment for one or two years. He then gave the details of several interesting cases of syphilitics infecting innocent persons by kissing and cohabitation that had been cured. Syphilis has become much milder under scientific treatment so that we do not see such aggravated cases as formerly.

He did not believe syphilis could be aborted by excision of the chancre, and he only performed the operation to remove the sore upon the genitals. He believed syphilis entered the blood in a few hours after exposure and could only be eradicated by constitutional treatment.

DISCUSSION BY DR. E. L. MORGAN.

Dr. Morgan said he was not as much interested in the treatment of syphilis as in its history and origin. He thought literary evidences were of minor importance in settling this question, and he would ignore them entirely, for the literature of the subject is vast as to whether America or Europe is the original home of this disease. Facts before words. Possibly the outbreak of this scourge was a mere co-incident of the discovery of Columbus, as has been the case in the past, in epidemics preceding earthquakes or following volcanic eruptions, and said to be due to certain atmospheric conditions. A syphilitic bone is a fact not to be disputed. Some authorities refuse to accept the statement of the Indians, when they accused the whites of spreading this disease among them, and yet they refer to the traditional history or mythology of the Aztecs, to substantiate the American origin of the malady; as was the case of Gustavus Brühl, who claimed certain words meant syphilis and was found in seventeen different Indian tongues—among them the Calippels, among whom Dr. Morgan once lived. These natives say their language has changed during centuries, and is constantly changing. How can a man prove a word was pre-Columbian, and that in all ages it meant exactly the same thing, especially in an unwritten tongue? Dr. Brühl says in regard to the name being found in America, according to his interpretations, "for no people will form a word for an unknown object." This is a mistake, for aborigines can coin words to apply to both ancient and modern objects or diseases, in the past and in the present. The only evidences to be taken into consideration are those of finding pre-Columbian syphilitic bones, and beyond all dispute and of great antiquity. Where are the skeletons of Aztecs, Toltecs, Mayas, Colhuas and Quiches? He does not refer to the Incas, who may be classed as Quiches, bearing syphilitic lesions.

He said he had never heard of them being found. Vasco de Blaboam, in 1513, landed on the western coast of the Isthmus of Darien, and it is said "on doubtful authority," according to Oscar Peschel, that the Inca Huayna Capac knew of the arrival of the Spaniards in that locality. Peruvian bones have been found which were examined by Virchow and pronounced syphilitic. These may have been cases of "intrissive burials," as has occurred in mounds of our own country. The great antiquity of these skeletons, or pre-Columbian origin, would have to be proved. The Incas were as ignorant of the empire of the Aztecs as were these people of the country and population of Peru. The capital of the Incas was 2,900 miles from that of the Aztecs. Now there was more or less communication between these continents and that of the adjoining islands. But this was not the case between Mexico and Peru. Prof. Joseph Jones, M. D., a distinguished anthropologist, found in mounds in Tennessee skeletons whose bones were diseased, and were pronounced by him and pathologists as being syphilitic. He thinks these bones are of great antiquity, lays some stress on their mode of burial and contents and objects buried with these "prehistoric races." Upon these structures were growing immense trees, said to be five or six hundred years old, the age of trees being computed by means of their "annular rings." The mode of burial means nothing, as he had said; Indians buried in piles of rocks; knew that others were placed on platforms, in caves and burnt. Yet these tribes were neighbors. Indians in the interior of the country and east of the Rockies wear pieces of seashell as ornaments, as in Idaho and Montana. They traded with distant tribes, and these tribes in turn came in contact with more remote aborigines. They traveled long distances to hunt and fight, and large bands frequently migrated to distant localities. De Soto roamed over a large area and died in the country of the Natchez, in 1542. The mounds of the "Madisonville Pre-Historic Cemetery" are of recent origin. So are those of Tennessee and other parts of the country. You cannot positively tell the ages of trees growing on our mounds by their annular rings. Dr. Papham had investigated this subject in Wisconsin in regard to these structures, and says the trees are, as a rule, three hundred years old, and possibly a few may date back to the time of Columbus, or before. These mounds were built at different periods. He read in a Catholic periodical some years ago a statement made in regard to the difficulty of distinguishing the writings of the ancient and comparatively modern history of the old Aztecs and others. Abbe Duncrost found a skeleton of a woman whose bones, according to pathologists, were syphilitic. Broca, Ollier, Parrot and Virchow all agreed to this fact. M. Rollet examined these relics of Soultre and thinks syphilis caused the lesions. This woman lived during the "stone age" and reindeer period of France. Broca, Parrot and others said this skeleton could be considered as belonging to the stone age and was of great antiquity. Dr. F. Buret says Parrot was the first to demonstrate the existence of syphilis during the stone age. There is no way of proving the great antiquity of these mounds and their contents, nor their pre-Columbian origin. The same may be said of other ruins and relics. There are ruins dating back some centuries in Mexico and Peru. The facts in this discussion are the finding of syphilitic bones of prehistoric times in France, and of the pre-Columbian era. The antiquity of the mounds, their skeletons and contents, is not proved, and cannot decide the American origin of syphilis.

CLOSING DISCUSSION.

Dr. Behrend thought the syphilitic should never marry, as the disease was never eradicated after it had reached the secondary stage.

Dr. Brackett asked Dr. Thompson if he carried his treatment beyond the mercurials.

Dr. Thompson replied that we rarely have to treat tertiary symptoms if the secondary have been properly managed; however, the iodides would be given, if necessary. He thought syphi-

lis could be cured if properly treated, thus differing from Dr. Behrend.

Dr. Robbins, in closing the discussion, said he agreed with Dr. Thompson as to the impossibility of aborting syphilis. He also thought the disease could be cured.

Lung Development from Exercise.

At the meeting of the Medical Society for November 21, Dr. William Penn Compton read a paper on Lung Development from Exercise.

DISCUSSION BY DR. C. H. STOWELL.

Dr. Stowell said that this subject was comparatively new, and had a direct bearing and was inseparably connected with dull scholars. In our public schools there are a number of pupils who are unable to keep up with their class, they can go so far and no farther and quite a large per cent are compelled to leave school. Two points are definitely proved, viz: a large number of scholars are unable to continue in our schools, and such as are dropped from the roll form a large per cent of the inmates of the reformatories — the so-called dull pupils of our public schools. Dr. Wey of Elmira, N. Y., after long-continued and carefully conducted experiments with the boys in the Elmira Reformatory, determined that physical culture improved the physical, mental and moral condition of one class, while the other, without physical culture, did not improve. The first class lost their hesitating and shambling gait, as well as their cunning, and soon became ambitious scholars.

Again, it logically follows that if our school children were put through a regular course of physical training before they committed crime a very much smaller per cent would be found in reformatories. Again, in all large cities there should be a physician to look after the dull scholars and treat them by prescribing the requisite physical exercise. If this could be done before the crime is committed it would be of great advantage to a community.

DISCUSSION BY DR. ANITA N. M'GEE.

Dr. McGee spoke of the gymnasium recently established here by pupils of Sargent. The managers have been thoroughly trained and are competent to carry out this teacher's methods. Measurements of each pupil are recorded on a chart and compared with the average measurements. By this method all degrees of development and defects are shown. If they recognize disease of the heart or lungs they adapt the exercise to it. This would necessitate private lessons, while a great majority can take regular class work. If the child's physician has any instructions to give they will be followed at the gymnasium.

DISCUSSION BY DR. I. BERMANN.

Dr. Bermann agreed with Dr. Compton and thought the prescribed exercise will prove of great value to a large class of children. Swimming is another exercise of quite as much import in encouraging physical development. As a boy he was weak and chicken-breasted; a physician advised him to swim, and it soon caused a marked development in his chest.

DISCUSSION BY DR. THOMAS KEECH.

Dr. Keech gave an incident of his early professional life to show the advantages of exercise for narrow-chested and physically weak children. He attended at that time a family composed of three or four girls and one boy, whose physiques were indicative of small powers of resistance. They were slender, spare, narrow and contracted chests and stooping shoulders. Their parents were strong, but he was frequently called to attend these children for catarrhal diseases. He called the attention of the parents to the deformities and advised them to keep the children outdoors more than had been their custom, and purchase some dumbbells, and the doctor gave them lessons in their use. He took their measurements before beginning the dumbbell exercise and again in two months, and the increased development was surprising. They finally developed into strong and healthy children, with fine physiques. He gave the details of a young girl who was compelled to quit school owing to impaired health and difficult menstruation. Exercise in the open air, good food, etc., restored her to perfect health.

THERAPEUTIC NOTES.

Pain and Sleep.—It is certain that pain is one of the best antidotes to sleep. It may vary in intensity from a grumbling toothache to the sharp darting pains of neuralgia. It often follows that even after the pain is relieved the nervous system of the patient has received such a shock that sleep is impossible. Opium will quiet the pain but in many persons it has the effect to produce a condition of extreme wakefulness. Then again in persons who have been working for a long time under great mental pressure, we have a sleepless condition which contra-indicates the employment of any form of opium. In this condition the overworked nervous system is very likely to manifest itself in aches and pains of a neuralgic character. Therefore we find brain-workers subject to a most annoying and obstinate insomnia. For all of these conditions we know of no better combination than the tablet composed of Phenacetin and Sulfonal. The Phenacetin will control the pain, whether it be of the severest character or only some slight neuralgic twinges; while the Sulfonal is a hypnotic of a positive and fixed value. So far as we know attention has not been called heretofore to this particular combination. The therapeutics of each of the drugs mentioned will at once indicate a number of conditions where it can be used to the best advantage.

Skin Diseases.—Dr. J. P. Cowles of Hartford, Conn., says he has used Pineoline in irritating skin diseases and has always found its action decidedly satisfactory. In a case of mucous irritation of the urethral tract, he lubricated "a catheter with the Pineoline just before using." This local application resulted in immediate relief to the patient.

Enlarged Prostate.—In a case of enlarged prostate and inflammation of the neck of the bladder Dr. Wm. A. Jack, of Washington, D. C., reports most gratifying results from the use of Tritica. Only one bottle was used and yet a careful examination showed that the prostate was reduced to a normal size and the bladder had returned to a healthy condition. Dr. Jack is the acting Medical Examiner in the United States Bureau of Pensions.

Obesity.—In nine weeks a patient of Dr. J. H. Weckel of Breakabeen, N. Y., had her weight reduced twenty-nine pounds by the use of Phytoline. Dr. Hensley of Marion, Ohio, says he reduced his weight fifteen pounds simply by taking two bottles of Phytoline. He can now walk up a flight of stairs, breathe freely and walk with ease, all of which he has not been able to do before in a number of years.

A Thorough Trial.—Dr. Henry E. Dwight of Philadelphia says he has used McArthur's Hypophosphites for thirty years. He regards it a remarkable combination from the fact that its ingredients are so well blended together. It gives satisfaction to both patient and practitioner.

Terraline in La Grippe.—Dr. J. R. Garber of Stanton, Ala., reports a case of a young lady, aged twenty, who had a severe attack of la grippe. This was followed by a second attack, from which she did not entirely recover. A deep-set cough soon developed, with all the symptoms of early phthisis; pulse 120; temperature 100; pain in chest; loss of appetite; great debility, and rapid decrease in weight. The patient made no progress under cod liver oil, iron, strychnine, etc. She was then placed on Terraline. In a short time the appetite improved, the coughing lessened and all the more urgent symptoms greatly improved. Throughout the treatment only Terraline was given. After removing to a warmer climate the patient continued to improve until she now declares herself perfectly well. The doctor says that this recovery was due largely to Terraline, aided by the change in climate and the generous diet.

Dr. W. F. Nutten of Newark, N. J., says he has used Sanmetto in chronic prostatitis and bladder troubles and finds it "a splendid medicine." He says he is now prescribing it very frequently and intends to continue doing so.

Pleasant, Potent, Perfect —This is what the editor of the *Medical Mirror* says

about Syrup of Figs. He says it is a family laxative which is always reliable and uniform in its effects.

A Renal Alterative.—It certainly is true that Messrs. Renz & Henry are doing everything possible to ethically serve the profession. So many attempts are made to substitute private formulas for these products that we urge physicians to specify "R. & H." Henry's Tri-Iodides is a renal alterative of great value when pushed to operate as a mild laxative.

A Systemic Tonic.—Dr. E. B. Smith of Detroit, Mich., says that Kola Cordial is a systemic tonic acting especially upon the nervous and vascular system.

A Silver Lining.—When the charge was made against Mariani & Co., for violating the Ohio Pure Food Law, there was certainly a cloud of disappointment passing over the minds of many practitioners who had heretofore so freely prescribed Vin Mariani. But when the outcome of the investigation showed that this product fully came up to the required standard, then it was that the silver lining appeared. And in the way of bringing Vin Mariani to the attention of the public this investigation must certainly have proven a silver one to the proprietors.

A Laryngeal Cough.—One of the most distressing and annoying affections which come at this season of the year, is the laryngeal cough. This is most frequently found as a relic of an influenza or of the grip. The patient finds himself well with the exception of a husky voice and a dry, persistent and terrific cough. The whole household is kept awake at night and all usual remedies appear to be without avail. For this distressing condition try tablets of Antikamnia and Codeine. Each tablet gives you 4¾ grains of Antikamnia and ¼ grain of Codeine.

Wasting Diseases.—An editorial appears in the November number of the *Pacific Medical Journal* on Angier's Petroleum Emulsion. The editor says this preparation acts admirably in pulmonary and wasting diseases and is worthy the full confidence of the profession. The editor says he combines with this emulsion other remedies for particular affections, finding it a most agreeable vehicle. He says it is astonishing how many cases of undoubted tuberculosis recover in the course of a few months under the proper hygienic treatment with this emulsion. It is easily borne by the stomach, is tasteless and odorless, and is readily absorbed by the lacteals.

BOOK REVIEWS.

Principles of Surgery and Surgical Pathology. General Rules Governing Operations and the Application of Dressings. By Dr. Hermann Tillman Professor in the University of Leipzig. Translated from the 3d German Edition by John Rogers, M. D., and Benjamin Tilton, both of New York. Edited by Louis Stimson, M. D., Professor of Surgery in the University of the City of New York. With 441 Illustrations. New York: D. Appleton & Co. 1894.

Because of the recent advances in our knowledge of the minute changes which occur as a result of disease, as well as of the causes of these changes, surgery is now upon a much broader and more scientific basis that it ever was before. It is now assumed that even the student has a thorough knowledge of surgical pathology; while it is equally true that this knowledge should be obtained, before he listens to didactic and clinical lectures upon special forms of surgical diseases and injury. We find this work to begin with the general principles governing surgical operations. Detailed descriptions are given for the operations for an aseptic operation, anæsthesia, the prevention of losses of blood, amputations and plastic operations. The second section describes methods of applying the various surgical dressings. The third section is devoted to surgical pathology and therapy. Under this division come injuries and surgical diseases of the bones and joints.

The author remarks that asepsis has taken the place of antisepsis in operations. As a result we have wounds treated by the aseptic method completely healed and the cicatrix well

formed at the end of eight days; while in wounds in which bichloride of mercury has been used the change from granulation to cicatricial tissues has hardly begun in this time. For local anæsthesia mention is made of the work of Wagner and Herzog, who have anæsthetized the broken skin in conjunction with the galvanic current. The anode, previously dipped in the cocaine solution is placed upon the skin a certain distance from the cathode, and after the current has been turned on, the portion of the skin lying between the electrodes becomes anæsthetized. The strength of the current was two to four milliampéres. The method depends upon the cataphoric action of the current in moving fluids from the anode to the cathode. The work can be procured of the local manager for Appleton & Co., George N. Ryder, 430 Seventh Street.

Hygiene with Anatomy and Physiology. By Joseph M. Edwards, A. M., M. D., Editor of the *Annals of Hygiene*. Intended for Schools and General Reading. Published by Edward P. Slevin, 28 Barclay Street. N. Y Fully Illustrated. Pp. 435.

This is one of the most unique books we have seen in a long time. The editor has some well defined ideas on the question of hygiene and he here has an opportunity of putting them on record and illustrating them in a way entirely original with him. A number of pages are devoted to the subject of physical exercise, and this part of the work is illustrated with photo-engravings of subjects activel at work. It is a book which will interest the general reader as well as the professional one.

The Medical News Visiting List for 1895. Lea Brothers & Co. are out with their Visiting List for 1895, good for thirty patients a week. It is one of those lists which contain about everything and is as conveniently arranged as any one could imagine it could be. There are some thirty pages devoted to general subjects, to which the physician, no matter how well posted, will find it often convenient to refer. This is for sale by Lowdermilk & Co., of this city.

The Forum for January contains a very thoughtful and timely article entitled Are Our Moral Standards Shifting? A very interesting and instructive article comes under the head of The Pay of the Professions and the Professions as Careers. Dr. George F. Shrady has another article on the Pay of Doctors. Medicine as a Career is also an article in which our readers will be greatly interested.

The Popular Science Monthly. The January number of this journal contains a number of articles especially interesting to physicians. An article on Twenty-five Years of Preventive Medicine occupies over twenty pages, and is a review of the work accomplished in this field. Dr. Felix Oswald contributes an article on Two Lung Tests. An article on School Room Ventilation as an Investment is also of special interest. This number also has an unusually interesting table of contents besides those numbers already mentioned.

The Index Medicus. We have just learned that the *Index Medicus* will soon cease to be published unless a positive rally comes to its support. Five hundred new subscribers are wanted at once. Mr. George S. Davis never engaged in this enterprise with the view of making it a great financial success. It never can be such, from the very nature of the case. It never has paid expenses, yet the past year has shown such an unusually large deficit that something must be done if scientific men desire the continuance of this valuable publication. We ask our readers to bear this in mind and if possible send in their subscriptions to Mr. Davis at once, Box 470, Detroit, Mich.

Temperature Charts. W. B. Saunders, 925 Walnut Street, Philadelphia, sends us a number of temperature charts as prepared by Dr. D. T. Lainé. The price for twenty-five of these charts in a pad is 50 cents. On the back of each chart is given a detailed description for applying the Brand treatment of typhoid fever.

Dr. F. S. Sim, the veteran editor of the Memphis *Medical Monthly*, writes a congratulatory letter to the Antikamnia Co., thanking them for their Antikamnia and Codeine Tablets, by the use of which he was lately relieved of a most distressing gastralgia and pleurodynia.

THE
NATIONAL MEDICAL REVIEW.
VOL. III. WASHINGTON, FEBRUARY, 1895. NO. 12.
CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Trilby.

Probably the author of a novel does not expect his readers to accept everything he says as most accurate statements. However, all novelists either base their stories on a series of facts or have the best authority for the belief that their statements might be true. In the case of DeMaurier, it is not probable he expects all the readers of Trilby to believe that Svengali kept his subject under mesmeric influence for so many years. But the interesting question to physicians is whether this might not be possible. That mesmerism is a fact and that by repeatedly subjecting persons to its influence they become so susceptible that the slightest suggestion on the part of the operator is sufficient to accomplish the desired end, we all know. This being the case there is nothing impossible and in fact, it is not altogether improbable, that such relations might exist between persons as did between the contemptible Svengali and sweet Trilby. Acknowledging that such things might occur, and believing that they do occur to a modified extent to-day, does the profession do its duty in remaining silent? Is not the story of Trilby an additional argument in favor of having laws passed whereby only those who have received a medical education be allowed to exercise this power? The evil which may result from the reading of Trilby is that many persons may discover they have this power of bringing others under their control, which doubtless they have, and thus great evil be produced. The good result which may follow is that as a result of this awakening steps may be taken which shall make it impossible for others like Svengali to perform their contemptible and wicked work. If the latter be true than DeMaurier wrote better than he knew.

Experiments in Hypnotism.

We notice that an exchange copies the "very wonderful experiments" which have been concluded by Dr. Luys of Paris. Dr. Luys places a circular band of magnetized iron on the head of the patient and "establishes the fact that the cerebral activity can be transferred to it." This activity can subsequently be passed to a second person simply by placing the band of iron on the head. This crown of magnetized iron was placed on the head of a female patient who had a mania for self-destruction. In a short time the crown absorbed all these evil tendencies and the patient was allowed to go free. Subsequently this crown was placed on the head of a male patient. He immediately assumed the personality of the former patient and uttered the same complaints. The crown of iron is said to retain all these impres-

sions until it has been raised to a red heat. The most remarkable thing about this gigantic story is that a first-class medical journal could publish it among the other items of interest without a word of comment, thus giving it semi-indorsement. If this goes on much longer we will be obliged to call James Whitcomb Riley to our relief and have him give us a poem on the same line as his Hoosier Corn Cure.

"Prune your corn in the gray of the morn,
With a blade that's shaved the dead,
And barefoot go and hide it so
The rain will rust it red:
Dip your foot in the dew and put
A print of it on the floor,
And stew the fat of a brindle cat,
And say this o'er and o'er:
Corny! morny! blady! dead!
Gory! sory! rusty! red!
Footsy! putsy! floory! stew!
Fatsy! Catsy!
Mew!
Mew!
Come grease my corn
In the gray of the morn!
Mew! mew! mew!"

Hypnotism.

Just in this line is an article in the New York Medical Journal for December 22d on Hypnotism, a Universal Anesthetic in Surgery, by Thomson J. Hudson, of this city. The author says that persons in the hypnotic state are constantly amenable to control by suggestion; and that this state can be induced without the aid of suggestion. It appears that the author believes that we possess the power in ourselves to prevent all pain. According to this there is not the slightest need of our suffering any discomfort when we are having our teeth drawn; and a case of this kind is reported. The author insists that a profound hypnotic sleep is not essential to the successful employment of hypnotism as an anesthetic in surgery. Notwithstanding all that is written we do not believe there will be any marked falling off in the amount of chloroform or ether used by the surgeons of this city. We are glad to say that, so far as we know, there are men who have no time to waste over such nonsensical matters.

Treatment of Appendicitis.

At a recent meeting of the College of Physicians of Philadelphia a paper was read upon the treatment of Appendicitis. Some of the best known men in the profession took part in the discussion and altogether the facts given are of the highest value. Dr. McBirney, of New York City, stated that medical treatment of these cases is always and invariably futile, and that in many instances an attempt at such treatment places the surgeon eventually at a distinct disadvantage because of the ravages which have been produced by the disease before he has had an opportunity to operate. He did not think it necessary to empty the bowels before operating. The appendix was the source of septic infection from the very beginning of the inflammation. He urged the removal of the appendix as early as possible before the general system had become infected; preferring, however, in the majority of cases to wait twenty-four to forty-eight hours until the acute symptoms had passed by before operating. He challenged any medical man present to offer a plan of treatment which could be shown to have any distinctly favorable influence upon the disease.

Dr. Wm. Osler, of Johns Hopkins, said that too many appendices were removed. He believed that while many cases required operation many are unnecessarily operated upon. As a result of a large number of post-mortems made by him he was positive that acute appendicitis could occur with entire cure, without operative interference.

Dr. John Ashurst took the ground that Dr. McBirney was altogether too advanced in his views in regard to operations. He quoted a number of cases in

which he had seen active medicinal measures produce cures, and he protested in the name of conservative surgery against the extreme views entertained by the first two speakers, stating that, in his experience, the application of ice over the right iliac fossa and the administration of opium until the respirations dropped to 12 a minute had removed acute inflammations of the appendix in a large proportion of cases. He did not for a moment deny that operation was often needed, but he did assert that it was by no means indicted as a measure of first resort in every case.

Dr. S. Weir Mitchell said that he had seen neuroses and other nervous complications follow the operations for appendicitis. He knew of cases in which the pain and discomfort in the abdomen following the operation, were so excessive as to incapacitate the patient from all employment and to render the remedy worse than the disease.

A more complete discussion of the original paper on this subject is found in the December number of the Therapeutic Gazette.

Income of Washington Physicians. A few weeks ago we mailed a letter to each of ten physicians of this city whom we selected because of their wide acquaintance with the local profession. In this letter we requested answers to four questions, based on their observation during the past five years. Replies were received from eight and with the exception of the answers to the fourth question, the remaining ones were remarkable in their close accord. The following are the questions and the average answers to the same:

1. What is the average professional income of the ten regular physicians of this city who have, in your opinion, the largest practices? $9,500.

2. What is the average professional income of the next one hundred physicians? $3,500.

3. What is the average income of all the regular physicians of this city? $2,000.

4. What per cent of all regular physicians in the city do not derive a livelihood from their professional incomes alone? Answers to this varied from 2 to to 30 per cent.

Election of Officers of Medical Society. At the stated meeting of the Medical Society, held January 7th, all the old officers were re-elected. It has been many years, something like a quarter of a century, since a president of this Society has been his own immediate successor. The idea that this office is one of rotation has apparently met with a sudden check. When we consider the fact that the past year has been one of the most prosperous in the history of the Society and that also a number of most important measures are now to be decided it would indeed be poor wisdom to make any unnecessary changes. Under the supervision of the officers of '94 we may reasonably expect even a more profitable year in '95.

The President's Annual Address. As the annual address of the President of the Medical Society of this city has been published in pamphlet form, by order of the Society, so it becomes hardly necessary for us to make any extended extracts therefrom. The special purpose of this address was to present some important recommendations for the consideration of the Society. During the past year there were twenty-eight complete papers presented, each one of which was followed with a more or less extended discussion. For the first time in the history of this great Government the House of Representatives, has, through one of its standing committees, invited a medical society to appear before it, through a committee of its own

members, to present and explain the report of its investigations into the causes and prevalence of typhoid fever in this District. It must be recorded now, therefore, that the municipal government has sought the advise and council of a medical society. The President urged upon all the members of the Society their earnest and effective co-operation with the Health Department of the District in order that it may become the most progressive and complete of its kind and an example to all others in this country. He urged the establishment under the direct supervision of this department of a biological laboratory equipped with a skilled bacteriologist and with all necessary appurtenances for complete work. Attention was called to some of the absurdities and regulations relating to the health and Health Department of this District. While it is necessary for the Health Officer to be a physician, his deputy is chief clerk of the Department. The inspector of plumbing is under the Engineer Department, while he should be under the immediate direction of the Health Department. The supervision of foods and drugs and prosecutions for adulterations is in charge of one of the bureaus of the Treasury Department; while the work of kidnapping unlicensed dogs is directly under the Health Department. The jurisdiction of the Health Officer over the management of the public schools is extremely limited and should be greatly extended. The President urged upon the younger members to engage in the discussions of scientific subjects. He said there was no period of probation in this Society that imposes any restraint upon intellectual capacity.

Chloroform During Sleep.

To administer an anesthetic during sleep can now no longer be disputed. We have called attention to this before and have reported the case operated upon by the late Dr. Hamilton Leech of this city in which Dr. O. A. M. McKimmie administered the anesthetic while the patient was asleep, without arousing him in any way. Later, Dr. E. Oliver Belt reported a case in Food, in which he administered chloroform to a child 18 months of age, blind from cataract, without awakening or disturbing the child in the least. Dr. Belt also added that Dr. W. Sinclair Bowen had administered chloroform to a sleeping patient.

Dr. McKimmie has recently informed us that for the second time he has administered chloroform to a patient while asleep, without causing any disturbance whatever. The child was quietly sleeping at the time and its rest was not broken until after the anesthetic had been administered and the operation all completed.

A Successful Practitioner.

We occasionally have an opportunity of listening to the most wonderful tales of the enormous practice of some physician. But we have never heard one surpass the case of the physician who gives his testimonial to the character of certain granules. During the past fourteen months he says he has purchased 270,000 of one firm and 70,000 of another! He says a multitude of words could not more fully express his opinion of them. And in this we think he is correct. This is at the rate of just 800 doses a day. Rather a lively business we should say for a private practice!

The Game of Football.

The sad result of a recent football game in this city should certainly arouse all to a discussion of the question whether this is a game which should receive our approval. Of course, accidents occur even in the most simple of games; but if it can be proved that football results in an immense number of immediate inju-

ries and of serious and permanent afflictions then we have another element to deal with. An exhaustive article in a recent number of the Medical Examiner shows conclusively that the number of injuries received at the time of playing is very great indeed; while an article in the Medical Record for December 22d shows for the first time still more serious results. The author, Dr. Andrew Macfarlane, has made a number of investigations to determine the presence of albumen and casts in the urine of football players. The urine of twenty football players was examined immediately after a game. Everyone showed the presence of albumen in considerable quantity. This quantity was so great that its presence was detected even after the urine had been diluted thirty to forty times, and in one case after it had been diluted one hundred times. But more startling still is the statement that in all the specimens casts were found. In some these were very abundant and were associated with blood casts. Considerable blood was also present in a number of specimens. That albumen may be detected in the urine after muscular exertion has been known for some time; but never, so the author says, in such large quantities as he found in these cases. It is also true that this is probably the first time that the presence of casts of almost every kind has been noted. The author found a condition which heretofore has only been associated with severe degenerated disease of the kidneys. That this unfortunate condition of things disappeared in a comparatively short time is a strange clinical fact. The author of the paper asks the question, Can such a condition be repeated twice or oftener a week without doing the kidneys such damage that eventually there will be serious renal change? And again, Is it not dangerous for men whose kidneys may have been weakened by previous disease, as scarlet fever, to undergo such a violent strain?

Typhoid Fever in this City. The Editor of the Medical Record writes at some length in his journal for December 22d on Typhoid Fever in the District of Columbia. He says that the City of Washington has long had the unenviable reputation of being one of the cities most visited by typhoid fever of any in the country. A review is given of the report of the committee appointed by the Medical Society to consider this subject and a large part of the editorial consists of extracts from said report. The Editor says that if only the Commissioners of the District will now carry out the recommendations of the Medical Society, one of the chief causes of mortality in our city may be suppressed.

Visit of Dr. Bantock. Dr. George Granville Bantock, the well known London Surgeon, paid a short visit to this city December 22d and 23th last, as the guest of Dr. I. S. Stone. Dr. Bantock is famous for his opposition to "Listerism" so called. He very early abandoned the use of carbolic spray and declared it useless, and even dangerous. His inaugural address on "Listerism", read before the British Gynecological Society, is classical. He succeeded Sir Spencer Wells at the Samaritan Hospital, from which centre has gone many distinguished surgeons. Dr. Bantock is now senior surgeon to the hospital, and will probably soon retire, when he will devote himself entirely to work in his private hospital.

The index for volume III will appear in the March number.

We have for sale one Kidder's Physician's Battery which has never been used. List price, $50. Will be sold for $30.

LOCAL PERSONALS.

Dr. Henry A. Robbins has an article in the Virginia Medical Monthly for January on Lues Venerea.

The same journal contains an article by J. Wesley Bovee on Vaginal Hysterectomy.

Dr. Henry B. Deale also has an article in the same number on Pulmonic Fever.

Dr. Walter L. Pyle contributes an article to the same journal on Leucoderma.

Dr. T. N. Vincent has an article in the same journal on the treatment of Tænia.

Dr. Samuel Watkins has an article in the Virginia Medical Monthly for December on Eczema Vesiculosum.

At the meeting of the Medical Society for December 12th, Dr. J. Ford Thompson presented the following specimen with history of the case: Hydrocephalus; Trephining; Death.

At the same meeting Dr. G. N. Acker, presented the following specimen with the history of the case: Hodgkin's Disease.

In the Archives of Pediatrics for December, Dr. George N. Acker has an article on Rickets in Negroes. The author says that negroes are almost without exception rachitic. Venereal disease is common among the negroes and hereditary syphilis is frequent. This effects the nutrition of the infant and rachitis results.

At the meeting of the Medical Society for December 5th, Dr. G. N. Acker presented the following specimen with the history of the case: General Tuberculosis, with Ulcerative Endocarditis. In discussing this case Dr. J. D. Morgan said he was interested in the differential diagnosis between typhoid fever and tuberculosis as he had recently had a case of the latter which similated the former. He had treated a typical case of typhoid fever in one member of a family; another member was taken sick and he naturally supposed it to be the same disease, nor did he realize his mistake until symptoms of tubercular meningitis set in. He now sees that he might have made the diagnosis if he had given more weight to some of the prominent symptoms, as the temperature, the absence of rose-spots, etc.

The January number of the American Journal of Obstetrics contains the transactions of the Washington Obstetrical Society for January 19 and February 2d, 1894. Dr. Thomas C. Smith reported a case cf pueperal eclampsia. Dr. Smith called especial attention to the fact that the kidneys had been acting freely up to the time of the attack. The duration of the comatose state was unusual. For five days the patient was totally unconscious. There was paralysis of the right arm. Ten months after confinement the albumen continued in the urine along with considerable quantities of pus. The paper was discussed by Drs. Carr, Nash, Scott, Thompkins, Johnson, Acker and others. At the meeting for February 2d Dr. H. L. E. Johnson reported a case of ovariotomy. This was discussed by Drs. Van Rensselaer, Fry and Prentiss.

The ever accurate Maryland Medical Journal tells us that Dr. H. A. Robbins recently read a paper before the Medical Society of this city on "Duo Venira"; whereas the title of the paper was "Lues Venerea."

Johnson & Johnson send us a beautifully illustrated monograph on Kola. The first seven pages are devoted to a very complete bibliography of this plant. Johnson & Johnson sent their own representatives to the Antilles to investigate the plant and the illustrations are made from photographs taken by these men. One chapter is devoted to the physiological action of Kola with special reference to its effects upon muscular contraction. Full clinical notes are given upon the clinical uses of Kola. We understand copies of this monograph can be obtained by addressing the publishers at New York.

The Downfall of a Sundown Doctor.

There was a doctor in our town,
Who was delighted to call around;
When other doctors couldn't be found,
E'en were it after the sun went down.

Darkness he needed for a screen,
He thought it best not to be seen;
He knew 'twas wrong and looked very mean,
To be considered a go-between.

A few nights since he had a call,
Which made him feel unusually tall;
He ne'er had heard a babe's first squall,
And never claimed to "know it all".

He was asked to hurry and be quick,
So without stopping himself to slick;
He put on his coat, grabbed up his stick,
Was there in a minute, "I'm such a brick".

Things seemed suspicious, when once inside,
The doctor thought there was something to hide;
The lady, you see, was too short time a bride,
The husband was making too long a stride!

The excitement to him was something quite new,
Our M. D. was puzzled to know what to do;
But stood like a fool, till the lady was through
Telling her symptoms, which so quickly grew!

He'd read the letter recently sent
By the Health Department, with best intent;
He was sure he knew what the letter meant,
But made a mistake first place he went.

He made a mistake as any one may,
Who depends too much on what others say;
Or regards himself unusually smart,
And learns his lessons only by heart.

The patient was extremely ackey,
Her stomach was tremendous shakey;
But the worst of all, "my back will break,
Unless you stop this terrible ache".

'Tis true, as yet, she'd had no chill,
But the doctor thought very soon she will,
"As the pain in your back is so terrific,
I'll hurry home and get a specific".

He, hurried home, so the story goes,
And wild with fear burned up his clothes;
He burned them all, e'en to his socks,
So sure was he, she had smallpox.

I hope I make it perfectly plain,
Why this sundown doctor did not remain;
He found himself most terribly fixed,
For, he'd gotten obstetrics and smallpox mixed!

The patient was sure he was a Joner,
So sent for a doctor just round the corner;
The doctor came, soon a baby was round,
And the "smallpox backache" could not be found.

Sundown doctor wished next morn to brag,
So he looked out sharp for the yellow flag;
"I'll catch that doctor, for I know I was right".
But his spirits fell, as he gazed on the sight.

The long clothes line he glanced quickly o'er,
White flags were hanging by the score;
Like the ones he knew he formerly wore
When a wee small kid, an hour old or more.

Each morning he mourns that old suit of clothes,
As to the office he sadly goes;
He now works so hard on every Pension,
That none of his friends this story mention.

Believe me friends this story is true,
The moral of which I'll tell to you;
You can't be a competent medical man,
And work all day for Uncle Sam.

C——, M. D.
Washington, D. C.

PROCEEDINGS OF MEDICAL SOCIETY OF D. C.

Continued Discussion on Dr. Compton's Paper—Lung Development from Exercise.

DISCUSSION BY DR. C. G. STONE.

Dr. Stone thought that the question should be followed up. He doubted the statement that expansion of the chest either prevents or cures tuberculosis, and he did not believe the inherited tendency was even modified.

DISCUSSION BY DR. J. W. CHAPPELL.

Dr. Chappell said the efforts in the public schools of this District in the direction of developing the physical child had proved a failure because intelligent physicians have not directed them—the supervision being left to the regular teacher or special teacher. Instruction in such work is given to all alike. Many teachers also retain the dull scholars at recess, when they should be exercising out-doors. Efforts to teach physiology had also proved a failure because it was not under medical supervision. Such things will never be corrected until Congress becomes liberal and appropriates enough money to pay skilled teachers. The proper development of the child is of much more consequence to this community than increased water-supply or improved sewerage.

DISCUSSION BY DR. GEO. BYRD HARRISON.

Dr. Harrison congratulated Dr. Compton upon both subject and paper. Diseases might be avoided in mouth-breathers by close scrutiny.

DISCUSSION BY DR. E. M. SCHAEFFER.

Dr. Schaeffer said that very young children passed one-third of the time in sleep, when the mind had no control over the muscles, and quite a large percentage of children sleep with open mouths. He would like to know what kind of an apparatus Dr. Compton proposed to use on this class.

DISCUSSION BY DR. G. N. ACKER.

Dr. Acker said that physical exercise is very frequently given to children in our public schools when they are unable to undergo such work.

DISCUSSION BY DR. S. S. ADAMS.

Dr. Adams said all institutions for physical culture should be under competent medical supervision before they were entitled to the support of the profession. Lay teachers might have been well trained by Sargent, and might also be competent to make measurements and carry out his methods of exercise, but only the properly trained medical teacher could be qualified to determine whether or not a certain child has organic disease of the heart or lungs. The inexperienced might discover some simple functional disturbance and by imparting that knowledge to the child or parent do irreparable damage. He was in favor of such institutions, but was not willing to give them his indorsement until they are intelligently supervised by one or more physicians.

DISCUSSION BY DR. S. C. BUSEY.

Dr. Busey could heartily indorse the paper and the train of thought. He had had experience in correcting physical defects in persons who did not know how to breathe sufficiently and efficiently. Anatomical defects of the nasal passages frequently lead to superficial and too frequent breathing. Compensation must be established and deformity results. In order to correct deformities of carriage, especially in girls, he had for a long time resorted to a simple expedient. He places the person against the wall in the erect posture, so that the head, heels and rump touch the wall, when they are to take full inspirations to expand the chest. He said that he had practiced this method on himself when a youth with very beneficial effects.

CLOSING DISCUSSION BY DR. COMPTON.

Dr. Compton, in closing, said he was gratified at the manifest interest in lung exercise. Dr. Stowell was right, for "mens sana in corpore sano" is important. Swimming is excellent exercise but not every child can practice it. He did not intend to say that exercise would overcome consumption, but he did believe it would do very much toward averting it when there was a pre-

disposition to it, or improve it when the disease had begun. He confessed it was difficult to answer Dr. Schaeffer's question satisfactorily; while he did not know of any apparatus to hold the infant's lips closed during sleep, still great good might be accomplished by gently closing his lips with the attendant's fingers for a minute or two several times during the sleeping hour. Older children could be taught to close their mouths and breathe properly.

Dr. J. Taber Johnson asked Dr. Compton if the stooping position assumed by the bicycle rider was not injurious. He had remonstrated with his son, believing that such stooping would contract his chest and weaken the lungs.

Dr. Compton replied that the object was to gain greater speed and was used by professional riders and that it was most injurious to ordinary riders.

How to Do Abdominal Surgery without Fuss, Feathers and Foolishness, with Immunity from Sepsis.

At the meeting of the Medical Society for November 28, the President introduced Dr. Joseph Price of Philadephia, who had been invited to address the Society. He announced his subject as given above.

DISCUSSION BY DR. D. K. SHUTE.

Dr. Shute said he would only discuss antisepsis from the position of an ophthalmologist. He had seen a large number of successful operations upon the eye—the most sensitive part of the body—with cleanliness and a saturated solution of boracic acid. Antiseptic surgery had been pushed to the extreme. The principles at issue are the same with all surgeons, the only difference being in the manner of obtaining cleanliness. He believed all chemical antiseptics were irritant except boracic acid, which is practically a placebo, the good effects coming from the distilled water in which it is dissolved. The ophthalmologist gets good results if his instruments are clean.

DISCUSSION BY DR. J. TABER JOHNSON.

Dr. Johnson said he could not differ from such a master of abdominal surgery as Dr. Price. He had been working in the same line and was doing about as Price had recommended. He wished to emphasize the advantages of short incisions for intra-abdominal operations. A long incision keeps the patient longer under the anæsthetic and retards recovery. The majority of intra-abdominal growths can be removed from the short incision; but if the incision must be enlarged it can easily be made so. He favored drainage through the glass tube as more debris can be removed through it than by gauze. He used silk in the abdominal cavity and silkworm gut in closing the abdominal incision. The after-treatment should be the simplest and skilled nurses secure proper care.

DISCUSSION BY DR. W. P. CARR.

Dr. Carr was surprised that Dr. Price had abandoned all antiseptics. He used them but not in the abdominal cavity. Mercuric bichloride will cleanse his hands better than anything else. He spoke of his experience at the Emergency Hospital and the good results from the mercuric bichloride. He did not believe soap and water would remove germs from the operator's hands. The best operators often had septic cases which might have been avoided if the operator had washed his hands in a bichloride solution. The very best operators may get along without antiseptics, but the ordinary one must have them.

DISCUSSION BY DR. H. D. FRY.

Dr. Fry said Sanger recommended not to drain the fluid from the abdominal cavity. He had had good effects from the iodoform gauze and thought it should not be discarded. In answer to Dr. Shute he would say that boracic acid was a valuable antiseptic.

DISCUSSION BY DR. J. FORD THOMPSON.

Dr. Thompson said that he had been talking antiseptic surgery to the young men ever since Lister opened the field; and if he kept silent now the remarks of Dr. Price might have a bad influence over a large class. Mr. Tait began the war on antispetic surgery and gynecologists have kept it up. It has been one of the greatest boons to mankind and it is surprising that any one would speak against it. He, too, was opposed to fuss,

feathers and foolishness in surgery, but when he compared the work of the older eminent surgeons with that of the young men of to-day his faith in antiseptic surgery increased. Antisepsis is less applicable to abdominal surgery; but recent experiments in France have established the truth of antisepsis by the most astonishing results. Operations guarded by antiseptic dressings are protected for a much longer time than by the older methods and we seldom see septic conditions following operations nowadays. Under antiseptic precautions the mortality in surgery in Halle has been reduced to 3 per cent. All surgeons in this country use antisepsis, though it is not necessary in some specialties.

DISCUSSION BY DR. J. W. BOVEE.

Dr. Bovee also believed in the use of the glass tube for drainage. He believed many of the adhesions about the uterus after operations were due to the failure to drain. The secret of the gauze not draining is that pressure prevents the liquids from trickling through it. This fault is not seen when a large piece is brought down through the cervix. He spoke of the value of strychnia given during and after operations.

DISCUSSION BY DRS. SHUTE AND A. F. A. KING.

Dr. Shute contended that boracic acid was the feeblest of chemical antiseptics and was practically worthless in ophthalmic surgery.

Dr. King said he supposed Dr. Price had simply abandoned chemical antiseptics, so he would ask him to give the differences in his results when he did use them and since he had abandoned them.

CLOSING DISCUSSION BY DR. PRICE.

Dr. Price, in closing, said it was difficult to discuss any one of the many subjects opened for discussion in a short time, but that he would do the best he could in the short time left to him. He explained why cleanliness is both difficult and costly. All chemical solutions cripple the hands, rendering them non-surgical, by which that delicate sense of touch is impaired without which successful surgery is impossible. He believed in absolute cleanliness of person and environment, obtain it as you will. He sought cleanliness by soap and water and alcohol, and his hands were soft, clean and not lacking in tactile sensibility. He used dry dressings of gauze which have been soaked in a solution of mercuric bichloride. He closed by comparing the past ignorance with our present knowledge and skill.

NASAL CATARRH AND ITS TREATMENT WITHOUT GALVANIC CAUTERY.

At the meeting of the Medical Society for December 12, Dr. I. Bermann read the paper of the evening on the above subject.

DISCUSSION BY DR. J. H. BRYAN.

Dr. Bryan thought the term nasal catarrh had been inaptly chosen and it would have been better to have referred to the ailment as acute rhinitis. While he agreed with the essayist that the treatment of acute rhinitis in infants is advisable, he nevertheless could not endorse the application of a 2 per cent. solution of silver nitrate to the delicate nasal mucous membrane of an infant. If a drop of such a strong solution should accidentally get into the larynx it might lead to alarming if not fatal consequences. He had never used the trichloracetic acid but if the results said to be obtained by it are true it is a most valuable remedy. He believed the use of the galvano-cautery had been abused; it may, however, be used judiciously with marked benefit and without producing atrophic rhinitis. He thought the chisel and saw much better than electrolysis in correcting the deformities of deflected septa.

DISCUSSION BY DR. C. H. STOWELL.

Dr. Stowell said he could not understand how anyone could advocate a remedy as indicated in two diseases, the pathology of which was just as different as it was possible to imagine. If this acid treatment was good for hypertrophic rhinitis he could not imagine how it could do anything but work injury to the atrophic form. He had never tried this treatment in the latter variety because he could think of nothing

worse than the use of destructive agents in such a condition. So far as the treatment of the hypertrophic variety was concerned what could be better than the results obtained from the use of the galvano-cautery? With it we can practically cure every case and without the slightest danger of doing our patient injury? He did not believe the atrophic variety was ever caused by the proper use of the galvano-cautery. If such results did follow, as the speaker claimed, then it was because the cautery was improperly used. With the galvano-cautery we can cure an ordinary hypertrophic rhinitis within a month, without pain or annoyance to the patient, and without untoward effects. No other treatment could possibly be better. So far as removing the spurs and other outgrowths from the septum, he could see no reason why we should substitute the long and tedious treatment with electricity when the knife, the drill, or saw can accomplish the work in the fractional part of a minute.

DISCUSSION BY DR. O. M. MUNCASTER.

Dr. Muncaster thought the acid was to be preferred in removing growths from the nasal passages. As far as he knew electrolysis had never been used in correcting deflected septa.

DISCUSSION BY DR. C. W. RICHARDSON.

Dr. Richardson also thought the title of the paper misleading. There are some forms of nasal catarrh which require constitutional treatment. He, too, thought a 2 per cent. solution of silver nitrate was too irritating and might produce fatal laryngismus if a drop should accidentally fall into the larynx. The rhinitis may be due to beginning hypertrophy of adenoid tissue in the post-nasal space. Such condition may begin under one year of age: in fact he had operated for this condition on infants under one year. In the treatment of hypertrophic conditions it is the method of the operator more than the agent that determines the success. He used the galvano-cautery and his cases had shown good results: he had seen some five to ten years afterwards and in no case had the disease returned. With the cautery the operator can do his work quickly, satisfactorily, and it can be limited to the point to which it is desirable to make the application. He was satisfied the cautery was less irritating than other remedies. Atrophic and hypertrophic conditions are opposed to each other and the agents must be different. Some cases of deflected septa might be cured by electrolysis, but acute angular deflections, without thickening can, only be corrected by surgical procedures. He had only seen uncontrollable hemorrhage in one case and that was six days after convalescence and was due to the patient's imprudence. The loss of blood after operations on the nasal cavity usually does not amount to more than a drachm.

Dr. O. M. Muncaster thought the cautery was not applicable to erectile tissue, and that other remedies produce a more natural condition.

DISCUSSION BY DR. JAMES KERR.

Dr. Kerr thought the use of the tube as presented by Dr. Bermann, was an important contribution. He had been under the care of several rhinologists but none had done him any good until Bermann cured him with applications of trichloracetic acid by means of the glass tube. He considered it a precise and delicate application of the valuable destructive agent. He had used it with entire satisfaction in removing growths. By it the surgeon can control hypertrophy without destroying too much tissue.

DISCUSSION BY DR. J. FORD THOMPSON.

Dr. Thompson said if electrolysis was such a valuable agent in operations upon the nasal cartilages and bones he did not see why it was not as valuable in the surgery of other parts of the body. It may have a wide application in the nose but its field in general surgery is very limited. He, too, had cured deflected septa by splitting and transfixing the cartilage and bones with pins and his results had been satisfactory. He had heard a great deal about finding the exact spot and making applications directly to it: the rhinologist may do this but it cannot be done in general surgery.

Dr. W. W. Johnson thought we should be instructed how to prevent such conditions.

Dr. William Ward thought the usual cause was adenitis of the post-nasal spaces. He then explained the mechanism of deflection of the nasal septum.

DISCUSSION BY DR. I. BERMANN.

Dr. Bermann, in closing, said he thought he was as well informed as any one in the histological and pathological structure of the nose. He had seen cases of atrophy produced by the galvano-cautery, with the membrane bound to the bone. His method had not been tried so it should not be condemned. Trichloracetic acid had been successfully used by others and he asked his hearers to try it. The galvanic cautery is used too much, but there are cases which demand its use. He only meant certain kinds of deflected septa could be cured by electrolysis and asked for its trial. His advise is to watch acute nasal catarrh in infants, treat it and thus prevent many of the ailments that take the child to the rhinologist.

Surgical Treatment of Chronic Suppurating Otitis Media.

At the meeting of the Medical Society for December 19th Dr. Joseph Bryan read the paper of the evening on the above subject.

The author called attention to this form of treatment which has of late received such a decided impetus. In nearly all cases of prolonged suppuration of the middle ear the ossicles will generally be found to be in a more or less state of caries. The bone most frequently found diseased is the incus, then the malleus, and finally the stapes, which has the power of resisting attack longer than the others. With the exception of the head of the stapes this bone is rarely affected. If, after giving the patient a fair trial of all the well-known methods of instilling and insufflating antiseptic medicaments into the middle ear, the suppuration still continues, then it is our duty to resort to more radical measures, which consists in removing the necrotic membrane with its carious ossicles. The aurist must decide for himself when he has exhausted the milder methods before subjecting the patient to an operation. I believe in many cases the sooner it is done the better, for it is our duty to arrest the suppuration in this cavity as soon as possible, for by so doing we not only preserve the hearing but prevent the serious sequelae of this affection, that so frequently result disastrously to the patient's life. The operation for the removal of the membrana tympani and the ossicles removes all septic material from the middle ear, permits of freer drainage, and enables us to apply the antiseptic lotions directly to the mucous membrane of this cavity. The duration of suppuration after the excision of the diseased membrane varies in different cases, but depends to some extent, upon the length of time the abscess has existed, and the depth to which the carious process has extended into the surrounding bony walls. In the case Dr. Bryan reported the discharge ceased at end of a week and at the end of three weeks after the operation the drum membrane had been almost completely reproduced, only a small opening remaining in the upper part, about the point where the short process would be situated if present. While in many cases of partial destruction of the membrane, it reproduces itself with great rapidity, still a rapid re-development after total excision, as in this case, is unusal.

DISCUSSION BY DR. E. OLIVER BELT.

Dr. Belt in opening the discussion said that the operation of removing the membrana tympani and ossicles for chronic suppurative otitis media so well described by Dr. Bryan had been very extensively practised since 1886 when Dr. Sexton called the attention of the profession to its great value. Now it has become a well recognized surgical procedure in nearly all cases of caries, and long standing suppuration which had resisted the usual medical remedies. When the perforation is small, and in the upper part of the membrane it is impossible to secure good drainage without removing the drum membrane and the wonder is that the profession should have been so slow in applying the well known surgical principles of removing carious bone and obtaining good drainage. Dr. MacCuen Smith of Philadelphia has reported eighty-three cases in which he did this operation for chronic

suppuration and in only six cases was there discharge after the operation, this about represents the results usually obtained. The same author says there are probably 4,000 deaths annually in the United States from cerebral abscess the result of suppurative otitis media. So if this operation causes a corresponding decrease in the death rate we can realize its great value to humanity. In the case that Dr. Bryan has reported he says he performed the operation in about six weeks after the beginning of the trouble. Dr. Belt would not recommend operating before caries is known to exist, or until a much longer trial had been given to the usual local remedies, and until constitutional treatment with some preparation of mercury and sulphid of calcium had been tried. Some aurists claim to have stopped suppuration by these remedies when all local applications had failed. Dr. Bryan states that a perforation in the membrana flaccida always means caries. Dr. Belt did not think that it an established fact, if it were there is no need of postponing the operation so long.

In reply to Dr. Richardson's assertion that Dr. Belt's remarks would give the impression that the operation is free from danger, Dr. Belt said that he was fully aware that there had been a few fatal results reported, but two or three deaths among the great number that had been operated upon, were insignificant when compared with the hundreds dying from the disease being unchecked by the old methods. Dr. Richardson then proceeds to recommend in its stead the extra-auricular operation which is unquestionably more dangerous to life, and which very frequently results in facial paralysis. Dr. Belt thought if removal of the ossicles through the external auditory meatus is successful in 90 per cent. of the cases, we should try that operation first, and in the few cases in which it is unsuccessful the more dangerous mastoid operation might be tried. He also thought as some of the other speakers had suggested that more attention should be paid to the prevention of the disease. Dr. Burnett of Philadelphia held that no case of suppuration of the middle ear would become chronic if properly treated at the outset. Though there may be some exception to this it is in the main true. Simple syringing of the ear with warm water would cure many of these cases at the beginning, and yet we have in the United States about 45,000 deaf mutes, at least 15,000 of which were cases of acquired deafness largely amenable to treatment.

DISCUSSION BY DR. J. T. SOTHORON.

Dr. Sothoron said that he had recently treated five or six cases of diseases of the middle ear successfully; and he believed 90 per cent. could be cured if treated early. His method of treatment was to cleanse the ear with equal parts of glycerine and water—using the syringe —and then packing the canal with boracic acid. This is applied daily until the case is cured.

DISCUSSION BY DR. D. K. SHUTE.

Dr. Shute referred to the fact that the pyogenic micro-organisms are commonly looked upon as the only ones that are the efficient factors in the etiology of purulent inflammations. In the vast majority of cases this is probably true. These organisms are certain varieties of micrococci, such as the golden colored staphylococcus—staphylococcus pyogenes aureus—: the white staphylococcus —staphylococcus pyogenes albus—: and the lemon colored one—staphylococcus pyogenes citreus—: finally, there is also present very frequently, the micrococcus pyogenes: most numerous and ubiquitous of all these organisms being the staphylococcus pyogenes aureus. These are the organisms which cause infection from without, as opposed to certain other very important micro-organisms which induce infection from within—systemic infection—. This compels the recognition of the fact that the antiseptic handling of the purulent inflammation—apart from "feathers, fuss and foolishness"—is a necessity that is second in importance to no other procedure.

A most important fact to remember in the treatment of purulent otitis media is that infection may be systemic. There are certain highly specialized micro-organisms which, ordinarily acting as the

essential etiological factor in certain specific diseases, under certain peculiar circumstances, may play the effective part of pyogenic organisms. In illustration of this fact, the bacillus of typhoid fever —the bacillus typhi abdominalis—has been proved to be a pyogenic micro-organism, inducing purulent otitis media, either in the course of typhoid fever, or as its sequelæ. Again the micrococcus lanceolatus—the pneumococcus of Frænkel—the germ which is looked upon as the specific germ of croupous pneumonia, and which is always present in the fibrinous exudation of this disease, has at times assumed the functions of a pyogenic microbe and induced purulent inflamation of the middle ear. In these cases it would seem that surgical interference, and antiseptic treatment through the external auditory canal, would play quite a subordinate part. Since, under these circumstances, the inflamed middle ear is being continually infected from within, through the circulation, the question naturally arises, is it possible to secure an antitoxin, or an antiseptic that can kill or inhibit the activity of the micro-organisms, through the agency of the circulation?

A Very Busy Man.

The NATIONAL MEDICAL REVIEW finds fault with a contributor to a leading medical journal, who in an article on "Acute Edema of the Larynx, with Intubation," mentions that when the man was brought to his office that he was nearly suffocating. "I was very busy at the time, but as it was an urgent case I assisted him at once." Dr. Stowell cannot see why it was so particularly necessary for the author to notify all the readers of the journal that he was so very busy at that particular time. Wonder what Dr. Stowell would have said of a certain young man who had had himself dragged into a consultation. Unavoidable detention had detained the other two consultants —of whom we were one—and the young man became very impatient; he looked at his watch and informing the bystanders of the great preciousness of his time, casually remarked that he wished the others would hurry up, *as he had left a patient on his operating table at his private hospital*, and that he must hurry back. When we were told of it, we simply inquired whether he had pinned the patient to the table by sticking a knife through him, so as to have him there when he returned. Like all such *very* busy and with business-run-to-death young men the young man could not appreciate our joke. These always busy, *very busy* dodges require a more than ordinarily bright man to carry them out successfully.—*National Popular Review.*

Exploratory Incisions.

Dr. Joseph Price has recently said, "for eight years I have never done an exploratory operation. I have never opened an abdomen to make my diagnosis. A man should not operate until he is sure he has something to remove." This reminds us of a definition of exploratory incision which the *Medical Age* says a London daily thus explains: "Quarrying into a patient on the chance of discovering some disease in an internal organ which is curable by its removal."

Old Ideas of Woman.

The *British Medical Journal* calls attention to an old thesis written in 1646 entitled "Is Woman an Imperfect Work of Nature?" The writer remarks that, to say the least, the author must have been a courageous man.

Where It Comes In.—"Paw, is there any difference between a cold and a influenzy?"

"If the doctor calls it a cold, the bill is about $4. If he calls it influenza, it's about $8. The difference is $4, my son." —*Chicago Record.*

Again the Appendix Suffers.—"And now, gentlemen of the jury," shouted the young lawyer, running his long fingers through his flowing locks, "now, gentlemen of the jury, I ask you as men and as citizens of this great and glorious republic, if the spotless character of my client is to be permitted to suffer from the words uttered by that—by that—by that vermiform appendix who sits in the witness box with perjury stamped all over him?"—*Indianapolis Journal.*

THERAPEUTIC NOTES.

C. H. Hughes, M. D., President of Faculty, Barnes Med. Col., St. Louis, Mo., says: "My personal trials of Peacock's Bromides have always given satisfaction. It is a good thing for the profession that you have undertaken to give them guaranteed purity in these therapeutic agencies. The profession may rely upon you with confidence."

Lawson Tait, F. R. C. S., Birmingham, England, writes: "I have found 'Fellows Syrup of Hypophosphites very useful in the special diseases of women where anæmia is the leading symptom."

W. Warwick, M. D., M. R. C. S., Belfast, Ireland, says: "I have given Sanmetto a very good trial in cystitis and metritis, and the results have been most satisfactory. I do not know another remedy which I can rely on for such uniform good results in affections of the genito-urinary organs."

Dr. Charles Day, M. R. C. S., Hackney, London, writes: "I have prescribed your preparation, Iodia, with very satisfactory results. Its power of arresting discharges was very manifest in a case of leucorrhœa, and another of otorrhœa. In the latter case, the result of scarlet fever in early life, the discharge has existed for many years. The patient could distinctly feel the action of the Iodia on the part, and the discharge gradually dried up."

If your patient suffers from eructations of gas from the stomach, flatulency, heartburn or colic, give a fluid drachm of Seng, repeated every half hour until relieved; then give one or more fluid drachms before each meal until the cause is removed.

W. H. Cunningham, M. D., Butler, Ala., writes: "I have been using Papine for about a year. It is not only retained in the most irritable conditions of the stomach but will also control nausea and vomiting with more certainty than any other remedy. Even in acute Gastritis it controls the vomiting better than morphine hypodermically. A number of ladies in my practice cannot take morphia on account of nauseating after-effects. The Papine has never in a single instance produced any unpleasantness."

Asa Horr, M. D., DeBuque, Iowa, writes to the Theodore Metcalf Co., that "a bottle of their Coco Wine has been all used in a lady patient with threatened lung trouble and great debility with depression of spirits. She improved greatly under its use. Should she seem to demand it, I shall resume the administration of your Coco Wine, and bear it in mind for other cases."

J. A. Irwin, M. D., of Philadelphia, writes as follows: "It gives me pleasure to testify to the usefulness of McArthur's Syrup of Hypophosphites. Since my attention was called to it, I have used the Syrup in laryngeal and pulmonary tuberculosis and the strumous diathesis so common in children. The result has far exceeded my expectation."

Dr. Wm. R. Kirk, Gynecologist to the Louisville City Hospital, Louisville, Ky., writes an interesting article on the Constitutional Treatment of Diseases of the Female Sexual Organs, in which he says that his choice of remedies has long been "that very happy combination of uterine alterations and sedatives called Ponca Compound. Dr. Kirk says this has a most decided effect on the endometrium. In the amenorhœa of anemia and nervous exhaustion, and in nervous dysmenorhœa he relies upon this preparation with full confidence that relief will surely follow its use.

Antikamnia and Codeine.
Antikamnia and Quinine.
Antikamnia and Salol.
Antikamnia, Quinine and Salol.
Antikamnia in tablets and in powdered form.

These are preparations from which the intelligent physician can wisely select..

Just bear in mind that Lapactic Pills never gripe. Yet they are as effective as the old double-charged compound Cathartics of our fathers. Prescribe them in chronic constipation and atonic dyspepsia.

BOOK REVIEWS.

THE CARE OF CHILDREN. By Elizabeth Robinson Scovil, Superintendent of the Newport Hospital, and one of the Associate Editors of the Ladies' Home Journal. Revised Edition with a copious Index. 12 mo. 348 pages. Bound in Cloth. Price $1.00. Philadelphia. Henry Altemus. 1895.

No one can deny the fact that every mother desires her children to be strong and well. But the difficulty is she does not always realize that the responsibility of making and keeping them well belongs in a large measure to her. She often makes a dismal failure through want of knowledge of the most simple questions relating to food and clothing. In this book the author covers the ground of the care of children very thoroughly and gives some most sensible advice. The author's long hospital experience enables her to speak intelligently on the ills and accidents that are constantly occurring in a child's life, and suggesting the remedies that are to be employed until a physician's services are engaged. It so often happens that proper knowledge of what to do in the beginning of some affection determines to a large extent the future course of the disease; while it is often true that in many of the ailments of childhood, nursing alone equals in importance the best medical treatment.

NOTES ON THE NEWER REMEDIES. By David Cerna, M. D., Ph. D. Demonstrator of Physiology and Lecturer on the History of Medicine in the Medical Dep't of the University of Texas. Second Edition Revised and Enlarged. 250 pages. Price $1.25. W. B. Saunders. Philadelphia. 1895.

It was only about two years ago that we reviewed the first edition of this work and now we have a new edition thoroughly revised, with many of the articles entirely re-written. Since the first edition appeared much work has been done on the physiological action and toxicology of the newer remedial agents and all these are embodied in the present edition. We notice that a great deal of new matter has been introduced in order to keep the work in touch with the more recent advances in modern therapeutics. In speaking of antipyrine the author says it often causes untoward effects due to individual idiosyncrasies, yet it is very highly spoken of for a number of affections. He says that phenacetin is superior to and the safest of the coal-tar derivatives. Untoward effects may follow its use yet even as high as 90 grains have been administered at a single dose. The book is recommended to all those who would keep posted on the therapeutical applications of the newer remedies and the modes of their administration. For sale by W. H. Lowdermilk & Co., of this city.

SYLLABUS OF GYNECOLOGY. Based on the American Text Book of Gynecology. By J. W. Long, M. D., Professor of Gynecology in the Medical College of Va. Price $1.00. W. B. Saunders. Philadelphia. 1895.

This syllabus is very convenient for the student to use in the place of lecture notes in order that he may more intelligently follow and remember the lectures given by those teachers who follow the American text book of Gynecology. It will also serve as a convenient reference book for practitioners. For sale by W. H. Lowdermilk & Co., of this city.

LABORATORY GUIDE FOR THE BACTERIOLOGIST. By Langdon Frothingham, M. D. V., Associate in Bacteriology Yale College. Illustrated. Price 75 cents. W. D. Saunders. 1895.

The author has arranged in a very convenient and concise manner the methods which are most frequently used in laboratory work in bacteriology. If such a guide as this be on the table much time may be saved in the longer search for methods given in the larger text-books. It will be found a useful desk companion to the practical bacteriologist. For sale by W. H. Lowdermilk & Co., of this city.

We are in receipt of four re-prints of articles contributed to various journals by Dr. Swan M. Burnett. Also re-print of an article by Dr. H. A. Robbins. Also re-prints of articles by Dr. F. B. Bishop.

The proprietors of Tongaline and Ponca Compound have just issued a neat and convenient Physicians Pocket Diary and Daily Memorandum Book which contains much useful and valuable information for the general practitioner. A copy will be mailed to any physician on application to the Mellier Drug Company, 2112 Lucas Place, St. Louis, Mo.

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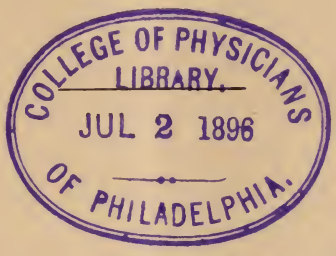

MARCH 1895 TO MARCH 1896.

WASHINGTON, D. C.

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THE
NATIONAL MEDICAL REVIEW.
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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Evening Colleges.

A recent editorial in the Journal on "Sundown Doctors and Evening Colleges" is likely to be greatly misunderstood unless the facts are brought out. The editor draws too sudden a conclusion when he makes any connection between the Sundown and the Evening College. The argument that there would be none of the former if there were none of the latter is not founded upon facts. We are acquainted with a number of the physicians who are known as Sundowns and, based upon this acquaintance, we would say that the great majority of them are not graduates of our city schools. Many had been in practice ten to twenty years before they ever saw our city. When, at their distant homes, they received an appointment, possibly to the medical division of the pension bureau, they concluded to accept; so on they came, only to find that there was a difference between living in a small town or city and in the Capital of the Nation. Therefore, out goes the sign in the hope of "partly paying the rent". There is nothing to commend in this practice, and it is only mentioned to show that the local colleges are not to be blamed for it. Let a law be passed that no physician can practice medicine in the District of Columbia unless he be continuously engaged in the work, and you will find that the cry will come from those who were in the profession before coming to this city, rather than from our own alumni.

But why advocate the Evening College? Becauso they are doing a work which could not be done in any other way. Young men, ambitious to make something of themselves, find they cannot attend any college, because of financial reasons. So they secure an appointment to some government position on a salary sufficient to meet their living and college expenses combined. They are thus enabled to work their way through school to a profession. Young men who have pluck enough to do all this are not made of the stuff which allows them to remain long in the double position which the editor of the Journal mentions. They will away and out. Or, will remain here and struggle for a front seat with the rest. The editor of the Journal mentions our complete laboratories and competent faculties. He could well add "and a class of students far above the average." The medical colleges of Washington are doing a work not attempted by other schools, and they are doing it conscientiously and thoroughly. The editor says we point to our students, as proof of what is being done; and indeed that is true, for "By their fruits ye shall know them".

Mortality of Diphtheria.

The daily medical journal of this city gave such a full account of the paper read by Dr. Kinyoun before the Medical Society that our readers are probably already familiar with the statements therein contained. A review of this interesting paper and the discussion following will appear in a future number of this journal; in the meantime, however, we desire to call attention to the comparison of the death rate from diphtheria in the cities of Europe with the mortality in our own cities. That the antitoxin treatment has lowered the mortality in the hospitals of European cities no one can dispute. Virchow says that under the old treatment of diphtheria in the Kaiser & Kaiserin Friederich Hospital of Berlin the mortality was 47.8 per cent., while under the new antitoxin treatment it was 13.2 per cent. From this showing Virchow was certainly justified in saying that "we must give way to the brute force of such figures." What are we to conclude from this? First that antitoxin reduces the mortality of diphtheria in Berlin to 13.2 per cent.; or that it reduces the mortality to one-third or one-fourth its present rate. If the latter be true then we may expect the most flattering showing in this country; but if the former be true we cannot expect such great improvement. In 1891 there were 4,874 cases of diphtheria reported to the Bureau of Contagious Diseases in New York City. And in the year 1892, 4,654, with an average death-rate for the two years of 29⅓ per cent. This was under the customary treatment of diphtheria. Statistics from European cities show that the death rate is about 51.71 per cent. In one hospital where 5,000 cases were treated the mortality reaching as high as 63.2 per cent. In some of the European hospitals the antitoxin treatment has reduced the mortality from about 60 per cent. to 25 per cent. In other words, a careful study of the tables, as they appear in our exchanges, leads to the conclusion that as a result of the antitoxin treatment, in foreign cities, the mortality of diphtheria has been reduced to a per cent. about equal that which has been the case in this country under the ordinary methods of treatment. Although in an exhaustive article on the treatment of diphtheria in a late number of the Medical Record, Dr. H. W. Berg, attending physician to the Willard Parker Hospital says that "the improved death rate from the antitoxin treatment at Paris is not as low as our own death rate under the old forms of treatment." The most hopeful feature of the whole discussion is in the fact that all observers appear to agree that when the antitoxin treatment is used during the first day or two of the disease all the patients recover. Viewed in this light, the hospital statistics may be both puzzling and contradictory, it matters not. If we have a remedy which is a specific, if applied in season, both the profession and the laity can soon be educated to the importance of an early diagnosis which would result in an early stamping out of the disease.

No Reporters Allowed.

When Dr. Kinyoun was announced to read a paper on the Antitoxin Treatment of Diphtheria, before the Medical Society, it occurred to us that a report of this paper would be very interesting to the public. Especially did we feel so when the doctor informed us that he would speak only from notes, and, therefore, no full record could be kept of his work. We introduced a resolution to the effect that a reporter from the Post be allowed to be present, which was adopted. But that part of the resolution which related to reporting the Discussions of the paper also was so amended that a day or two

would be required before it could be given to the press. Of course, no live paper would take it when thus cold. At a meeting prior to this, a resolution to allow reporters to be present was overwhelmingly voted down. This is not in keeping with the times. If an executive session is ever necessary, it can be easily obtained; but there is no necessity of trying to make the public believe we are surrounded by such a high fence. "We do not want any of our patients to know what we think of this subject." This is about the only argument presented. The Editor of the Medical Record has recently said that "There is nothing specially mysterious or sacred about the discussions in medical societies, nor is there any good reason why they should be held in secrecy. As a matter of fact, they are usually too technical to have any general interest. But we see no reason why the public should not hear what physicians say in open discussion about matters that concern the general welfare. If medical societies degenerate into occasions for bickering and quarrelling, and the airing of personal grievances, their sessions might well be made secret. But there is no other good reason." All the meetings of the New York Academy of Medicine and the New York County Medical Society are open to reporters, in fact seats are always reserved for them. The meeting of the American Medical Association are always reported in the daily papers. The meetings of the Academie de Medecine of Paris are also always public, and, as Dr. Shrady says, "So are those of all learned bodies throughout the world". But the Medical Society of the District of Columbia has something of a secret about it which makes it necessary for us to be more guarded than even the Academy of Medicine of Paris! The papers are not going to publish anything which will not interest their readers; and we fancy but a small part of the transactions of our societies would ever find their way into public print, even were such a privilege granted. We often bewail the waneing influence of the profession. Nothing will hasten the total extermination of this influence more than to surround ourselves with a veil of mystery.

His Covering Thrown Off.

At last, Mr. Ernest Hart has had his covering of lamb's wool thrown off and he stands forth in all his hideousness. The story is a brief one, but characteristic. Dr. Cushing, of Boston, recently wrote a pamphlet in which he said that "In the light of facts recently placed on evidence concerning Tait, his statistics have far less weight with the surgical world than was the case a year or two ago". Upon seeing this, Mr. Tait wrote to Dr. Cushing asking what these facts were. To this Dr. Cushing replied that Mr. Tait had seduced one of his nurses and then, after pledging himself to support the child, which he admitted was his, he failed to continue the support. To this direct charge Mr. Tait replies at length, and clearly shows the whole story to be a complete lie. He even secures a statement from this nurse which entirely relieves him from any odium in the matter whatever. Dr. Cushing was then so fully convinced of the unintentional wrong he had done, that he offered to go to England and testify in any court that he obtained the whole story from Mr. Ernest Hart. It is the cap-stone in the career of a man who gave the profession of this country such an ample opportunity to discover what kind of a character the Editor of the British Medical Journal was. We need not dilate on the contemptible and miserably low method employed by Mr. Hart, in this attempt. It is enough to say that every decent man should demand that

this scandal-monger, if not scandal-originator, be thrown down, and that the heel of public approval be planted squarely on the side of his neck.

A Great Shock. We suffered a great shock only a few days since in beholding a prominent member of the Anti-vivisection Society riding through town after a fine pair of bay geldings. It must have been as humiliating to the driver as it was shocking to us. Think of the terrible vivisection which had been performed on these high blooded creatures! No member of this society should ever ride after any horse which has been thus mutilated by the cruel hand of man. Neither should any member ever consent to eat beef or mutton without having previously leaned the condition of the animal from which it was taken. As this society is taking steps to legally prevent any physician from experimenting on an old car horse, a miserable yellow dog, or a night-howling tom-cat; so we should see to it that the members of said society be consistent in their daily lives and show their sincerity by eating bull-beef and ram-mutton and by driving through town after a pair of foaming stallions.

Beginning of Volume IV. This number marks the beginning of the fourth year of The National Medical Review. All we desire to state is that we are prospering and have no idea of abandoning an enterprise, which some of our friends once assured us would be disastrous to our finances. The activity of the profession of this city was never so well known outside of the city limits as now, and we take no small share of this result to ourselves. It is equally true that the local profession was never so well posted about itself as now; owing, we believe, to the spreading of the news through our columns. Our subscription book contains the names of the majority of the regular profession of the District and we have not a word of complaint to make. We publish the proceedings of the best medical society in America, and a reference to the index will show what members have been most active during the year.

Two Cases of Hydrophobia. In the March number of Food, Dr. J. W. Chappell reports a case of hydrophobia, cured by the Pasteur treatment. In the Virginia Medical Monthly for February, Dr. C. Mayfield reports a case also; only the latter case was treated with chloral by enemy, morphine hypodermically, and chloroform, and terminated in death. Both cases occurred in the same city and about the same time. The conclusion, concerning the treatment, is certainly a strong one in favor of the Pasteur method.

Pamphlets for Boys. We have published two tracts of four pages each, entitled "Boys, Put out the Fire": and "Danger Ahead". The first relates to the use of Cigarettes and the second deals with the question of Strong Drink. Both are illustrated with a full-page original sketch, and both are written for boys. A copy of each will be mailed to any address, if a stamp be enclosed for the postage.

The popular Health Magazine says that bites of insects are much relieved by applying a strong solution of ammonia "which seems to draw out the pain". This new therapeutic property of ammonia will probably make it popular with dentists. It will only be necessary to apply a small amount to an aching tooth in order to draw the pain out. If it will not draw this out it probably will the tooth. Great care should be exercised not to have any of the drug come in contact with a sound tooth.

HOSPITAL WORK SINCE JANUARY FIRST.

BY J. A. STOUTENBURGH, M. D.

COLUMBIA HOSPITAL.

SERVICE OF DR. I. S. STONE. One vaginal hysterectomy, with removal of right pyosalpinx; patient had the left appendages removed one year ago for tubo-ovarian disease. One nephrorraphy, for floating kidney; patient had the same operation on right kidney two years ago. Three laparotomies, in which both appendages were removed; two for pus in the tubes or ovaries or both; and one for chronic salpingitis and retroversion, hysterorrhaphy also being done. One excision of tubercular breast.

SERVICE OF DR. J. W. BOVEE. Two cares of vaginal hysterectomy; one for carcinoma and one for precedentia. Three laparotomies: two for double pyosalpinx and ovarian abscesses; and one for tubo-ovarian abscess and salpingitis. In all three the appendages were hopelessly diseased and double salpingo-oophorectomy was done. One curettage and drainage for salpingitis. One anterior colporrhaphy, in which the "purse-string" suture was used.

GARFIELD HOSPITAL.

SERVICE OF DR. J. FORD THOMPSON. Four excisions: one adenoma-carcinoma of the rectum; one osteoma of superior maxilla; one varicose veins of the leg; and one carcinoma of the neck. Two Whitehead's operation for hemorrhoids. Two radical operations for hydrocele. One open operation for varicocele. Two internal urethrotomies. One internal and external urethrotomy. One perineal section for impermeable stricture in which all the adjacent tissues were infiltrated with urine. Three enucleations of glands: one of neck, tubercular; one femoral, suppurating, specific; and one axillary, carcinomatous. Two skin graftings, (Thiersch's), for ulcer. One cauterization of tibia for necrosis. One subcutaneous suturing of fractured quadriceps tendon. One operation per vaginam for pyosalpinx. And a number of minor operations.

EMERGENCY HOSPITAL.

SERVICE OF DR. JAMES KERR. Two excisions of breast with removal of axillary glands and pectoral muscles: one for carcinoma; and one for sarcoma(?). Three cases of hernia, in which a radical operation was done by Dr. Kerr's modification of Halsted's method. Three trephinings with elevation of bone for depressed fractures of skull; in one a thin piece of iron ¾x⅜ was removed from the frontal bone. One external urethrotomy. Three exploratory operations: two for open fractures, one of radius and one of tibia; and one for suspected intra-cranial suppuration. Among twenty-eight other surgical procedures there were two radical operations for hydrocele; Thiersch's skin grafting after excision of breast; two transfusions, in which one to two liters of normal salt solution were injected, in cases of shock and hemorrhage. This intra-venous injection of salt solution, .6 per cent., following hemorrhage is an entirely satisfactory method of treatment if done soon enough, that is before severe collapse supervenes. It is a quick, safe and rational procedure, and should be resorted to whenever indicated.

CHILDREN'S HOSPITAL.

SERVICE OF DR. J. FORD THOMPSON. Four circumcisions. Two enucleations of eye. Two erasions of ankle joint, and one of knee joiut. One excision of ankle joint, and two excisions of cervical and axillary glands. One internal urethrotomy and one osteotomy.

PROCEEDINGS OF MEDICAL SOCIETY OF D. C.

Continued Discussion on Surgical Treatment of Chronic Suppurating Otitis Media.

discussion by dr. s. b. muncaster.

Dr. Muncaster said nasal troubles play an important part in causing a constant irritation of the ears when diseased. He would illustrate by the following cause, taken from his case-book: "Miss —— came to my office in January, 1892, complaining of discharge from the right ear: and of mouth breathing. She stated this ear has been discharging for seven years. On examination, I found putrid discharge from right ear, so offensive that I was compelled to disinfect the room after her departure. After syringing I found very little of the tympanum, but enough remained to prevent me from diagnosing to discover if there was any diseased bone. She could hear the watch tick with right ear by contact. She could hear with left ear the watch tick eighteen inches. Nasal cavities almost closed. Right side hypertrophied tissue. Left side affected by bone projection from vomer, etc. I treated the ear by syringing with a solution of bicarbonate of soda: inflating Eustachian tube with Politzer's bag: using peroxide of hydrogen: applying sometimes solution of zinc, other time nitrate of silver, afterwards always insufflating either powdered boracic acid or iodoform. I always treated the nasal cavities with antiseptic sprays and electric cautery: removed the projecting bone with the saw. This treatment of the ears was attended daily for about four months. I informed her if the discharge did not stop in six weeks more that I would operate. Fortunately, after a month's additional treatment the discharge stopped. During this time her physician sustained her on tonics, greatly to her benefit. She has not had any return of this trouble and can hear the watch tick now with the right ear four inches, and with the left thirty-five inches."

discussion by dr. c. r. dufour.

Dr. Dufour said that his experience, both in prtvate and hospital work, was that a majority of cases of chronic suppurative otitis media were curable without an operation. In his capacity as Assistant in the Eye and Ear Department of the out-door service of the Central Dispensary and Emergency Hospital, covering a period of six or more years, a great many of these cases were seen, treated and cured without other than local and internal medication: the cases of recurrence of this disease were very few: the treatment was continued usually for a period of from six to eight weeks.

As to the excision of the ossicles, it was his opinion that it was impossible to see just what one was doing, owing to the circumscribed space to work in, and hemorrhage, which occurs in performing this operation, that even those entirely familiar with the anatomy of the parts, it was impossible to follow each step of the operation with precision. Usually there is necrosis of the tympani ring and walls of the tympanum, therefore, it is useless to remove the ossicles and leave this necrosed material behind. To curette through the external meatus is dangerous, as the facial nerve is liable to be injured and the patient disfigured for life. Caustics such as nitrate of silver solutions of from 20 to 120 grains to the ounce, are advocated by some authorities, to be instilled into the ear, for the cure of this disease. There is great risk in such a procedure, for should there be necrosis of the bone structure covering the facial nerve facial paralysis is liable to be produced. As to packing the ear with any powder, it should never be done. The best method of treating this disease surgically is to lay bare the field of operation by an incision behind the auricle laying it forward and opening the antrum by chisselling away the posterior wall of the external meatus: by this operation we can see and follow each step of the operation, the ossicles and membrana tympani can be removed, as well as the entire necrosed material. The danger in this operation, if any, is that which is always present when we administer an anesthetic: the wound heals up nicely, as a rule, no disfigurements of the parts re-

sults: and the patient is no longer afflicted with the suppurating ear. A great many of these cases are traceable to an attack of the exanthemata, and of diphtheria: therefore, a daily inspection of the membrana tympani should be made of those having these diseases: and in case there is congestion, pain and bulging of it a paracentesis should be done, hot douches and anodynes applied: by this means we can prevent a large majority of the acute suppurative otitis media cases from becoming chronic.

DISCUSSION BY DR. I. BERMANN.

Dr. Bermann said he had listened with great interest to Dr. Bryan's paper and that the operation was not performed too early and was fully justified by the symptoms given. He does not think that this operation is quite as inoffensive as Dr. Bryan seems to believe; and unless there was absolute certainty of the existence of caries in the tympanic cavity or antrum, he thinks an operation of this character should be carefully avoided. There seems to be a tendency to operate on the middle ear a great deal more than the urgency of the case would demand; and even where caries does exist he does not think that an operation is indicated unless threatening symptoms occur. He has had such cases where caries did exist and which got well if an absence of all discharge any fetor be accepted as a proof of cure. He thinks that in the instillation of the peroxide of hydrogen in full strength we have a means at hand, if only used energetically and sufficiently often, to cure cases of caries in the middle ear without any operation whatever. He does not believe that if caries exists in the antrum also it can be effectively removed by the Stacke or Schwartze operation and prefers the opening of the mastoid cells. As this is very frequently disfiguring, especially in the case of young ladies, the treatment by the peroxide of hydrogen ought to be used for a very long time. He considers this operation only then indicated when there are very decided threatening symptoms.

DISCUSSION BY DR. W. H. WILMER.

A chronic discharge from the ear should never be treated lightly, for, to a certain extent, it is a menace to one's very life, so much so that it has an important hearing upon the acceptability of the patient by the Life Insurance Companies.

In my opinion, the operation for removing the ossicles and remains of the drum membrane should be resorted to only when the most careful routine treatment has failed to cure the discharge. I have resorted to the operation only eight times, one case furnishing two ears. Of these, the shortest duration of the discharge before the operation was two years. In no case, was the operation regretted.

Not the least important step in the procedure is the after-treatment to harden the exposed mucous membrane and to render it dermoid in character. This makes the ear less sensitive to colds in the head and to changes in the temperature. In bringing about this condition, I have found that an alcoholic solution of salicylic acid is most effective.

I believe with Dr. Richardson, that the operation has been done oftener than necessary and that some cases have been cured by the operation which would also have yielded to other treatment.

DISCUSSION BY DR. SWAN M. BURNETT.

Dr. Burnett said there was very little to be said in general on the subject which had already been thoroughly discussed in its main feature, except to express his individual opinion on some of the points raised. He hoped that Dr. Bryan would not hear anything further from his case, and that it might be numbered among the cures. As between the two operation—excision of the ossicles and the Stacke operation—he looked with much more favor on the Stacke procedure. The reason for this is apparent when we consider the anatomy of the parts and the pathology of otitis media purulenta. Every otitis media is essentially a periostitis and if long continued must result in necrosis, and this process must begin in the walls of the drum cavity. It is hardly possible that the ossicles are primarily or even independently effected with necrosis. In some few instances it is impossible that the process in the walls may go on to healing, leaving the ossicles still effected, but we can never tell before hand that this is true.

In fact we can never tell in any case of purulent median disease how much or where the bone is effected. For this reason I have never done this operation of removing the ossicles for I have never yet seen a case where I believe the ossicles alone were effected with necrosis. If we are to do a radical operation it seems to me the Stacke or Schwartze modification of Stacke's operation is the best, for then we can expose the whole of the diseased part to inspection and can remove all the diseased tissue. I consider it, too, quite as safe an operation as the other. My experience among children at the Children's Hospital and at my clinic at the Emergency Hospital has rendered me quite fearless in mastoid operations. Mastoid disease is very extensive among negro children and I have removed enormous quantities of diseased tissue with no apparent danger and the best results. In one case I remember I think I must have taken away almost the whole of both temporal bones and yet the children and the disease were cured. For this reason I prefer to attack any evident necrosis of the temporal bone after a detachment of the auricle and an exposure of the whole of the osseous tract of the external ear. This I have done on several occasions and with satisfactory results, but we must remember that even here we may not always succeed in finding all the foci of infection. I would consider no case cured until at least a year had elapsed. But the most important feature of this whole question is that if the disease be taken in time and properly treated we need have none of these operations to do. All these cases begin as "ear ache" and usually in infancy and generally following some of the exanthemata, and it is here that the responsibility of the family physician comes in. And if this discussion results in nothing else than arousing him to the danger of neglected "ear aches" it will not have been in vain. If all cases of catarrhal otitis media were cared for until completely cured we should have few cases for removal of the ossicles or the Stacke operation.

DISCUSSION BY DR. E. OLIVER BELT.

Dr. Belt, in reply to the remark by Dr. Richardson said that these remarks would give the impression that the operation is free from danger, said he was fully aware that there had been a few fatal cases reported, but two or three deaths among the great number that had been operated upon were as insignificant when compared with the hundreds dying from the disease being unchecked by the old methods. Dr. Richardson then proceeds to recommend in its stead the extra-auricular operation, which is unquestionably more dangerous to life, and which very frequently results in facial paralysis. If removal of the ossicles through the external auditory meatus is successful in 90 per cent. of the cases, we should try that operation first, and in the few cases in which it is unsuccessful the more dangerous mastoid operation might he tried. He also thought as some of the other speakers had suggested, that more attention should be paid to the prevention of the disease. Dr. Burnett of Philadelphia held that no case of suppuration of the middle ear would become chronic if properly treated at the outset, though there may be some exceptions to this it is in the main true. Simple syringing of the ear with warm water would cure many of these case at the beginning, and yet we have in the United States about 45,000 deaf mutes, at least 15,000 of which were cases of acquired deafness largely amenable to treatment.

REMARKS BY THE PRESIDENT.

The President said that he would like to hear from some of the general practitioners on the charge made by specialists. For his part the general practitioner was not responsible for chronic diseases of the ear. Cases which he had seen had come to him after the specialist had had them under treatment.

DISCUSSION BY DR. J. H. BRYAN.

Dr. Bryan, in closing stated that in the discussion of the subject a wide diversity of opinion had been shown to exist in the minds of many as to the efficacy of this operation in comparisons with the major operations as opening the attic through the mastoid region, by means of the Stacke operation, but even to the most superficial observer, when the caries is confined to the ossicles and superficial cells in the attic the excision of the

membrane and ossicles would seem to be the one to be used, rather than to subject the patient to one of the more severe and more serious methods of opening up this cavity. Of course where the caries has involved the bone in the deeper parts of the attic towards the antrum then the simple operation of excision will not suffice, and we must then attack the cavity by one of the other methods already spoken of.

He would advise against following Dr. Sothoron's advise. Such treatment as he advises of plugging the external auditory canal with boric acid or any other substance will cause in these cases mastoiditis, thrombosis of the lateral sinus and meningitis and he was sorry to say that Dr. Sothoron was not the only physician who employs this method of treatment.

Diphtheria and its Treatment by its Antitoxin.

At the meeting of the Medical Society of this city for January 9th, Dr. Joseph J. Kinyoun of the U. S. Marine Hospital Service, gave an account of his work abroad and at home with the antitoxin of diphtheria. The doctor spoke of the first discovery of the antitoxin and of the work accomplished by various investigators. The process was then described whereby cultures were made of the diphtheria bacillus and the toxin obtained therefrom. A detailed account was given of the experiments necessarily made on the horse in order to render that animal immune and thereby serum obtained for use on the human subject. Dr. Kinyoun said that while the serum would not work miracles yet its effects were little short of marvelous. In cases of plain diphtheria, where the patient could be seen early in the disease, the mortality was practically nothing. But even in cases where there were complications the mortality was reduced to less than one-half. The speaker said that 98 per cent. of the cases of so-called membranous croup were nothing less than real diphtheria. In speaking of the efficacy of the serum treatment Dr. Kinyoun said that it had been established beyond a doubt. With this treatment to combat the disease, followed by thorough disinfection, there was no reason whatever why the disease should not be stamped out. He regarded the discovery of the antitoxin treatment as on a par with that of smallpox vaccination. He favored the governmental or municipal control, or at least, supervision, of the manufacture of antitoxin. But antitoxin is not only a cure for the disease for it is also a preventive. A number of cases were reported by him where the children had been exposed to infection from the sickness of one in the family, and where even the diphtheria bacilli were already in the throat a single dose of the antitoxin was sufficient to prevent them from having any of the usual symptoms of the disease.

Discussion by Dr. Reed.

Dr. Reed, in opening the discussion, said he could not agree with Dr. Kinyoun in the statement that the diagnosis from cultures is such an easy matter: his experience taught him that we should be exceedingly careful in taking cultures because a great deal depends upon accuracy in this regard in making a bacteriological diagnosis. If antiseptics were applied to the throat a short time before taking the cultures we are very apt to fail with the cultures. He would advise the physician to take the culture sometime before the application of an antiseptic and then to send it to a reliable bacteriologist—otherwise mistakes are sure to follow.

He had not had any experience in treating diphtheria with antitoxin, but he had, fortunately, received 10cc of Aronson's serum in October. This quantity was too small to test its curative effect so he determined to experiment with it by immunizing animals. His first experiment was upon two guinea pigs. In one he injected the diphtheria toxins, without first rendering the animal immune, into the ear. There soon occurred marked inflammation of the ear, edema and semi-moist membrane at the site of infection: the pig showed marked evidences of being sick in thirty hours: and on the fourth morning died. The diseased ear had almost sloughed off and was hanging by a shred. The necropsy showed the typical lesions of diphtheria.

The immunized pig developed no symptoms whatever. He then inoculated two rabbits, after first performing tracheotomy. The animals each weighed about two thousand grams and he injected 10 ccc. In two days the non-immunized animal showed a high temperature, rough breathing, which became labored and croupy on the fourth day: and it refused to take food and died. The immunized showed no symptoms. He gave other experiments of equal interest. He had found difficulty in obtaining suitable toxin: he inoculated a dozen flasks and only one was good for experimental work. He also said he had pursued the original method of Loeffler in inoculating the vaginal mucous membrane of the pig from a recent blood-serum tube with great success. The contrast was marked: the non-immunized developed the typical lesions of diphtheria and was dead in four days: while the immunized showed only slight redness and swelling: it gained in weight: and on the fifty-first day there was only a small necrotic area. In others he had made cultures from the vagina as late as the twenty-eighth day.

In reference to local treatment, Dr. Reed believed that we were going too far in abandoning this method. He would advise a one per cent. solution of trikresol locally. A few physicians have used it with good effects and he had seen its beneficial results in the laboratory. He believed the production of antitoxin should be under municipal control and be tested by disinterested parties so as to avoid imposition by unscrupulous men whose desire is for gain. He had been struck with the wonderful immunizing effects of antitoxin, so he would advise its use as a preventive after exposure to diphtheria, as well as a curative agent.

DISCUSSION BY DR. G. L. MAGRUDER.

Dr. Magruder emphasized the difficulty in obtaining reliable cultures. He had obtained two in one case and the report came back that there was no diphtheria: he took the third just before the child died and the Klebs-Loeffler bacillus was then found. His two failures were unquestionably due to the use of antiseptic washes just before the cotton was passed over the membrane. He, too, believed in municipal control of the preparation of antitoxin.

Whooping-Cough.

At the meeting of the Medical Society for January 16th, Dr. W. W. Johnston read the essay for January, 1895, on Whooping-Cough and its Treatment.

DISCUSSION BY DR. D. W. PRENTISS.

Dr. Prentiss, in opening the discussion said he congratulated Dr. Johnston upon the excellence of his paper and the Society for having its attention called to such a subject in such a thorough and scientific manner. Such a paper will certainly do much good. He was surprised that it was such a dreaded disease especially in the great number of deaths. He had been accustomed to regard the mortality as low: he could not now recall a death in his practice directly attributable to whooping-cough. He agreed with the statement made by the essayist that it was a disease of the laity so far as its treatment is concerned. Physicians rarely see it except in its severest forms: and he had noticed fewer cases annually in his own practice. Patients suffering from this disease are forbidden to attend the public but not private schools. He thought physicians should be more careful and forbid such patients from mingling with the unprotected. We should act upon suspicion and isolate until all doubt is removed. Steiner and Osler say that the mortality is small in uncomplicated cases. He took exception to the advisability of the "rest treatment" in all cases: certainly those with fever and heart disease should be kept in bed until the bad symptoms have disappeared. He had great faith in the value of fresh air and, when possible sent his patients to the country: but such patients should not be permitted to mingle with other children in our parks. In many cases, months after the disease has run its course, the whoop will reappear upon the child's taking cold. Is the disease not contagious? He did not believe it was, but the whoop is due to habit. He gave the details of a case in which an infant whooped upon taking cold several months after he had been pronounced cured. He was in the carriage with two

other children when the whoop recurred but they did not contract the disease. The child was at a summer resort and the parents were compelled to take him home. He did not think the bacilli would be present in such a case. The best treatment consisted in a one per cent. carbolic spray several times daily —the use of the steam atomizer in older children: belladonna pushed to its full physiological effect, in combination with bromides and bromoform—the latter not to be pushed to its physiological effect owing to its depression upon the heart: cod liver oil, especially by inunction: and systematic feeding with nutritious food. Care should be taken to protect such patients from catching cold.

DISCUSSION BY DR. S. S. ADAMS.

Dr. Adams was surprised at the high rate of mortality given by Dr. Johnston. He had more opportunities for observing pertussis during epidemics in the Children's Hospital during the past fifteen years. It occurred there as an intercurrent disease, as contagious diseases are not admitted. We would naturally expect the mortality to be very high under such conditions but he could not recall a single death attributed to this disease as a primary or secondary cause. He did not think it was fair to attribute the high death-rate during the summer months to pertussis because we knew that other ailments were causes of the rapid and great increase in the death-rate under five years. Again the mortality of the white and black should be separated, because the death-rate among negro children is so high that it greatly increases that of the whole population. He had often wondered how the heart could stand such strains as are induced by the paroxysms. Close observation will cause one to marvel at the tolerance of the intra-cardiac and intrathoracic pressure. He had experimented upon a number of children during an epidemic in the Children's Hospital to determine the value of antipyrin. He had correct records of every paroxysm, whether by vomiting or not, kept and compared them daily. He found that by increasing the dose he could control both the frequency and severity of the paroxysms, and stop the vomiting. He now depended upon that remedy. In his own child, if he pushed it far enough, it would control the paroxysms, but he was compelled to suspend it owing to its producing cyanosis. He believed in rest in very bad cases and thought that was what Dr. Johnston meant. He spoke of the difficulty in isolating patients owing to the selfishness of parents. He, too, believed in the beneficial effect of sunlight and fresh air, but could not subscribe to the theory of those that advocated free admission of the night air into the nursery of children with whooping-cough.

DISCUSSION BY DR. NORDHOFF.

The manifest contagious character of whooping-cough has long given rise to the suspicion that its medium of contagion must be a living parasite probably contained in the air inhaled by the sick and in the expectorated products.

Linne, and later Rosen, of Rosonstein, were the first to admit the parasitic nature of whooping-cough, but were unable to give proofs in support of their opinion.

In 1867 Poulet, and several years later Letzerich believed they had isolated the germ of pertussis. Their researches possess little beyond historical interest in view of the defective methods employed by authors, interested in bacteriology prior to the discoveries of Pasteur.

The researches of Afanassjew, 1887, are of great value. If the results arrived at were established by a series of carefully conducted experiments it is very probable that this author saw the true microbe of whooping-cough.

He claims to have found it in every case. Cultivated on gelatin it forms colonies of darkish yellow color rounded or oval shaped. These colonies do not lignefy the gelatin. On Agaragar they present a whitish gray coloration. The potato is the soil upon which they develop most readily.

Afanassjew inoculated young dogs and cats and claims thus to have produced typical attacks of whooping-cough.

His researches have been confirmed by Wendt who states that he found the bacillus of Afanassjew in every case observed by him, although only during the

paroxysms and never in the first period preceding their appearance.

In a communication to the Berlin Medical Society session, Nov. 2d, 1892, Ritter describes a microbe as the specific cause of whooping-cough. It is a diplococcus: the isolated cocci are rounded in outline and slightly flattened in the centre. They are arranged in every possible manner; masses and chains, straight and curved. The microbe is aerobic, developing readily between 36° —38° C. It cannot be cultivated below 30° and above 42° C.

Two dogs were inoculated; one died of Pneumonia, the other survived. Both animals had a cough similar to whooping-cough.

At the tenth meeting of the Geællshaft fur Kinderheilkunde, held in Nurnberg, September, 1893, Ritter speaks again of his discovery of the Diplococcus Tussis Convulsivæ and states that since his first publication, November, 1892, careful cultures have been made with the material furnished by fifty-three new cases and the results being satisfactory he upholds his argument in favor of his discovery.

In Neumann's polyclinic for diseases of children in Berlin, careful studies were made according to the usual modern bacteriological methods.

These researches lasted with a very short interruption from March, '92, til March, '93. In twenty cases out of twenty-five, cocci were found mostly in chains, sometimes single; they were of all sizes, from the most minute to the largest. A diplococcus was most frequently observed but no pathogenic value could be attributed to it as it was found missing in the last nine cases under observation.

Stroke cultures upon Agar give distinct greenish colonies. Thrust cultures show a thin band with a circular depression on the surface. Bouillon cultures give a different turbidity. Gelatin is not a successful culture medium. White mice, rabbits and guinea pigs, when inoculated with these pure cultures do not respond to the test. The cultures almost all die on the fifth day. The longest duration ever observed was eight days.

Neither the microbe of Afanassjew nor that discovered by Ritter can be taken for the true causative factor of Pertussis.

The presence of Streptococci not only in diseases as Pertussis, Scarlatina, Diphtheria and Tuberculosis, but also in the healthy mucous membrane of the respiratory tract prove that they are features common to healthy and diseased mucous membrane and not a factor in producing the disease.

No one to-day doubts the microbe origin of Pertussis and authors all agree that the culture medium in the human anatomy is the Naso-Pharynx. It remains to be seen whether the bacillus of Afanassjew or the coccus of Ritter will be accepted as the causative factor.

DISCUSSION BY DR. EDWIN L. MORGAN.

In regard to Whooping-cough I will state, that two young girls, cousins of mine, ages respectively six and eight, both had measles and pertussis twice in one year. While at an Indian agency in the state of Washington in 1880, I was called in the early spring, the ground being damp and muddy to an Indian band encamped forty miles distant on the banks of the Spokane River. The day I rode down a number of children died from whooping-cough, also a number on my arrival. Owing to surroundings etc. the next day I was compelled to return home, and during the homeward trip more children died. The cause of death was lung complications, and the ages of children was from three to nine, a few being younger. The total number of deaths was from fifteen to twenty in this small band. Two years afterwards a large number of Indians, half breeds and whites, were attacked during the winter with a violent and protracted spasmodic cough, without any whoop, lasting five, six and seven weeks. During the latter part of this epidemic, those subsequently contracting the disease did whoop. What is remarkable during this epidemic, is why should so many persons not whoop and those victims later on did whoop. This valley is seventy miles long and two wide, a stream flowing through the same, the ground is low, damp and parts are marshes and

liable in the spring to overflow for weeks. The altitude is from 1,760 to 2,000 feet above the sea and the winters are dry and very cold, averaging 15° below zero. There is usually a great deal of snow. I had whooping-cough when I was twelve years old, and again when about twenty-nine years of age. The second attack came on in the summer while on the frontier, quite suddenly one night at twelve o'clock, having been previously free from cough and in good health: I was seized with a most distressing spasmodic cough nearly strangling me, accompanied by a whoop. I had no more trouble nor cough until the next night about the same hour, then from that time on for six or seven weeks I had pertussis, which annoyed me during the day only. I should like to hear the opinions of the members in regard to this (so to speak in early part of epidemic of spasmodic) coughing.

DISCUSSION BY G. L. MAGRUDER.

Dr. Magruder called attention to the fact that ten years ago in a paper before the Washington Obstetrical and Gynecological Society, he had called attention to the great mortality of pertussis. At that time he drew attention to the value of double chloride of gold and soda in the treatment of this disease. Since that time he had repeatedly used this remedy, and his experience as to its value had been confirmed by others. It afforded prompt relief by mitigating the severity of the cough, stopping the vomiting, and cutting short the disease. Great care should be exercised in administering the drug, and it should be dissolved in distilled water. He believed the salt destroyed the bacillus in the nasopharynx.

DISCUSSION BY DR. W. W. JOHNSTON.

Dr. Johnston said, in closing, that whooping-cough was all complications. Belladonna had more supporters than any other remedy: but it would require too much space to describe the different drugs and combinations that have been recommended. The danger in administering antipyrine is its depressing effect upon the heart.

SALOPHEN IN RHEUMATIC AFFECTIONS.

Rheumatism is not as rare an affection in childhood as is commonly believed. There can be no doubt many cases of so-called growing pains are actually of rheumatic origin, and can be readily relieved by the use of anti-rheumatic remedies. The majority of our anti-rheumatics, however, possess certain objectionable features which contraindicate or at any rate greatly restrict their use in pediatric practice. They tend to upset the delicate digestion of the child and are unwillingly taken on account of their repugnant taste. They are apt to produce phenomena, sucn as vertigo, ringing in the ears, headaches, and above all, they have a debilitating effect upon the heart and circulation. These properties belong especially to the salicylates which hitherto have represented our most effective anti-rheumatics. Since its introduction into therapeutics about three years ago, Salophen which is a non-poisonous derivative of salicylic acid has been constantly gaining ground as a substitute for the treatment of rheumatism in childhood. It is tasteless and therefore readily administered, does not irritate the stomach or disturb the digestion, and while fully as effective as salicylic acid and its preparations is absolutely devoid of disagreeable and injurious effects upon the heart and nervous system. Recently Dr. Drews of Hamburg has called attention to the value of Salophen in rheumatic affections in children, his results in a large number of cases having been of the most gratifying character. The dose of Salophen for children varies from 0.3 to 0.5 Gm. every two or three hours, the drug being given dry on the tongue followed by a swallow of water. In muscular rheumatism, tonsillitis and migraine, Salophen is also a promising addition to the materia media of childhood.

THERAPEUTIC NOTES.

Gold is a wonderful agent in more ways than one. It has long been known to cure broken hearts and to draw Counts and Princes to our shores. But it was left for the Charles Roome Parmele Co., to show its value as a remedial agent, when presented in an eligible form. As the Bromide of Gold it exists in Arsenauro and Mercauro, preparations which have attracted wide notice. Lately Dr. A. H. Ohmann-Dumesnil, of St. Louis, has been writing of the good effects of these preparations in various forms of skin diseases and syphilis. He reports a large number of cases which show their powerful effects in these diseases. The bromide not only appears to be the most active salt, but it also decidedly increases the action of the arsenic and mercury with which it is combined and, in addition to this, it prevents any toxic effects. The paper concludes as follows: "In fact, I have seen none but good effects from the use of these gold preparations". There are a number of reports of late on the efficacy of these preparations.

Freiherr von Krafft-Ebing, professor of Medicine at the Royal University of Vienna, Austria, says that he has used Fellows' Syrup of Hypophosphites for a number of years, and that he has obtained very good results from this tonic, especially in neurasthenia and in conditions of mental exhaustion.

We are in receipt of some samples of empty capsules, from the house of Parke, Davis & Co. To our best knowledge these haxe never been excelled. They are made of the finest gelatin, are superior in finish and uniform in size. Anothek and very important point—caps and bodies are perfectly joined, insuring absolute protection against leakage. No more convenient method of administering a rectal suppository can be had than by enclosing the medicament in one of these capsules. By moistening the capsule externally, its introduction is rendered painless, and its speedy solution assured.

Dr. Chauncy Stewart, of Allegheny City, Pa., has used Iodia very extensively in his practice and regards it as the "ideal alterative—the sine qua non in the treatment of syphilis, scrofula, and all diseases arising from syphilitic contamination or a strumous diathesis. Iodia has this advantage over mercurial treatment in syphilis: when the patient does get well, he is well."

Dr. J. A. Biegler, of Rochester, N. Y., reports a very interesting case to show the unreliability of some thermometers. Called in consultation he was surprised to find that the thermometer recorded a temperature of only 96 and 97 F. The instrument was that of a well-known foreign make and recently purchased. This was the only unfavorable symptom in the case, and could not be explained. But Dr. Biegler had a Taylor thermometer, manufactured by the Taylor Brothers, of Rochester, and with this he found that the temperature was precisely normal. He was then able to give a favorable prognosis in the case. He adds that he has had frequent opportunity to test the accuracy of these instruments and they have proved superior to all others.

Dr. E. C. Laird, recently read a paper before the Medical Society of the State of North Carolina, in which he refers to the great value of the Buffalo Lithia Water in cases of Bright's disease and Diabetes. Thorough tests were made to see if the good effects were due simply to the increased amount of water taken into the system. But. on the contrary, the improvement was clearly shown to be due not only to the Lithia water itself, but also to the particular spring from which the water was taken. The improvement was marked in both the acute and cronic forms of the disease.

The editor of the New England Medical Monthly writes that after a careful study of a number of remedies used for the various disorders of the female generative organs, he has concluded that the Wine of American Ash "as an internal remedy, is without a peer." He even asserts that it "has a modifying influence upon all diseases of the female

sexual organs, from the slightest vaginitis to the gravest case of cancer of the uterus. If a trial is given, in a scientific manner, the results will surprise and delight the doctor as well as the patient, and a much larger number of cases cured than by any other method." The wine of American Ash is made by the Theodore Metcalf Co., of Boston.

The Court Journal of London says that Vin Mariani should have a great sale in Russia, as the Dowager Empress has, at the suggestion of the Prince of Wales, used it with the most remarkable and beneficial results. The Princess of Wales also has used this preparation with great benefit. The Court Journal says that "all the ladies of Russian aristocracy, suffering from their nerves, are now taking this elegant preparation".

From an associated press dispatch we learn that Frederick Stearns & Co., have just given a $600 fellowship to the University of Michigan. The fellowship is open to the graduates of the School of Pharmacy of that institution, for original work. The work will be under the immediate supervision of Prof. A. B. Prescott. The fellowship is for two years at least. We are glad to make note of this, and trust others will see their way to follow such a good example.

Our attention has recently been called to a very eligible preparation of Somatose, the new food, and chocolate. It is called Somatose-chocolate, and consists of ten per cent. of somatose and ninety of chocolate. It is suitable for either eating or drinking and at once combines the nourishing properties of the somatose with the stimulating and invigorating effects of the chocolate. Samples can be obtained from Schieffelin & Co., of New York.

Modern pharmacy has given us many valuable additions to our list of reliable agents; in fact, the newer Materia Medica fairly teems with novelties. Some of these like the Ignis fatuus have undoubtedly let the profession afield and in leaving the old beaten track in which the fathers walked enthusiasts are very apt to throw aside the old reliables considering them impedimenta that can and should be discarded in the interest of Scientific Medicine. True eclecticism suggests the selection of the best only but it does not necessarily mean the abolition of the sheet anchors of medicine. Such as Opium, Quinine, Calomel and Ergot. These must be retained. Old forms can be greatly improved and as an example we may mention Elastic Capsules of Quinine, Tablet Triturates of Calomel and S. & D's Ergotole. Let us hold fast to the good old drugs but let us accept them only in their most improved forms.

Parke, Davis & Co., now put up tablets of the formulas of Dr. Woodbridge for the abortive treatment of typhoid fever. There are three of these formulas and quite full directions accompany each case, according to those given by the doctor. Dr. Woodbridge says that if his treatment is begun early no other medicine will be needed, and if intelligently carried out, it will rarely if ever fail to abort typhoid fever.

BOOK REVIEWS.

DOSE-BOOK AND MANUAL OF PRESCRIPTION WRITING. By E. Q. Thornton, M. D. Demonstrator of Therapeutics, Jefferson Medical College, Philadelphia. W. B. Saunders, 925 Walnut Street, Philadelphia. Price $1.25.

Two classes of medical men will profit by this manual: the busy student at college, and the less busy young practitioner. The chapter devoted exclusively to prescription writing contains many good hints; as, for instance, when any unusual dose is prescribed underscore it, or write the additional word "correct" after it. A number of pages are devoted to the subject of Dosage, what influences the dose, etc. There are a large number of medical students in this city, and it will certainly interest them to examine this book, which can be found with Loudermilk & Co. It is filled with just those practical points which will come into daily use later on, and the ignorance of which will prove most annoying throughout professional life.

ANTISEPSIS AND ANTISEPTICS. By Charles Milton Buchanan, M. D. Professor of Chemistry in the National University of Washington, D. C. The Terhune Company, publishers, Newark, N. J. Price, $1.25.

We are especially pleased to see this book, for two reasons: First, it is a good book in itself; and second it is written by a Washington physician. There is no city in the country which contains so many medical men, in proportion to the whole number, who are able to write good books, if they would only sat themselves about it. We have altogether too few books originating at home. The author has certainly expended a large amount of work in the production of this volume, and we trust he will receive a substantial return for it. The sixth chapter is especially interesting, as it deals with Antiseptics and their real value. This is followed by a chapter on the Value and Use of Antiseptics in Surgery. We trust this book will receive a most generous reception by the local profession especially. It can be obtained from Lowdermilk & Co.

A PRACTICAL THEORY AND TREATMENT OF PULMONARY TUBERCULOSIS. By Frank S. Parsons, M. D. Philadelphia. Editor of The Times and Register. Price 25 cents.

The author does not accept the current doctrine concerning the cause of tuberculosis and even regards the tubercle bacillius as "developments." There are many quite new ideas advanced which will have convincing power with some at least. It is interesting reading, and the price of the monograph places it within easy reach, despite the hard times.

SURGERY TWO HUNDRED YEARS AGO. This is indeed a most unique affair. Here, in a brochure of a few pages, 6x8, is more genuine entertainment than is usually found "under one tent." The illustrations are from Original Copper Plates, so it is said, and their appearance would warrant the statement. The Antikamnia Company have our thanks for affording us so much pleasure. We wish every physician might see these twelve plates and get an idea of "the good old times", which some love so dearly to dwell upon.

THE F. A. DAVIS CO., announce that they will soon issue a companion book to their Psychopathia Sexualis, entitled Suggestive Therapeutics in Psychopathia Sexualis. The book will be sold by subscription only, for $2.50.

WARNERS' THERAPEUTIC REFERENCE BOOK contains a list of remedies and their doses, and over fifty pages of medical formulary, a collection of favorite prescriptions of many writers and well known men. Many a useful hint can be obtained from them. A great deal of practical material is condensed within this neat leather-bound book.

THE HEALTH, SANITATION AND CLIMATOLOGY of the Southern States is a new quarterly journal devoted to the subjects announced on its title page. It is edited by Walter C. Murphy, M. D., of this city. Price $1 a year. This first number contains a full-page illustration of Dr. Roosa, of New York, followed with a very good description of his work, but claiming more for the doctor than would his closest and most enthusiastic friends. The dress is like this journal, so far as color is concerned. Therefore, it is to be complimented!

THE POPULAR SCIENCE MONTHLY. The February number of this interesting journal contained a very good account of the antitoxine treatment of diphtheria, written by Dr. S. T. Armstrong, visiting physician to the hospital for contagious diseases of New York. Brain Development as related to Evolution is another interesting communication.

THE FORUM. Why Gold is Exported, is one of the most interesting articles in the February number. Since the reduction of the price of this journal, it has steadily improved; rather than the opposite, as might be the case.

FOOD. The March number of this monthly has some seven Original Communications, together with the usual amount of other matter. Food and the Cosmopolitan will be sent one year to any address for $2.

Dr. Joseph Price says "I have done a hundred abdominal sections consecutively without a coated tongue and without a pulse above 100, except in cases that bled. This was done by clean surgery, without chemicals of any character."

THE

NATIONAL MEDICAL REVIEW.

VOL. IV. WASHINGTON, D. C., APRIL, 1895. No. 2.

CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Defects in Surgery. Prof. Skene, of Brooklyn, speaks in no uncertain tones on the Defects in Surgery, as taught and practiced at the present time. He says that the lack of dexterity and accuracy, which leads to slow and consequently imperfect operating, is the most noticeable defect of our times. Rapid operating is essential and imperative. Every moment wasted in an operation is a detriment to the patient as well as the surgeon. Operations that are quite well done are done quickly, as a rule. Slow operating is generally imperfect. It is often said that a quarter of an hour, more or less, in the duration of an operation, makes very little difference. This, Dr. Skene says, is a very great error. Rapidity of operating is especially necessary in order to avoid prolonged anæsthesia. All anæsthetics are injurious, and tend to retard recovery from operations, and impair the health of patients subsequently. The longer one is kept in a state of anæsthesia, the more harm is done. The celebrated Frank H. Hamilton was very positive in his views on this subject. He laid great stress upon the effect of anæsthetics in retarding recovery. Dr. Skene heard him say that when his two sons went into the army he told them that, if they had the misfortune to be wounded and required surgical treatment, he hoped they would be brave and submit without an anæsthetic.

Dr. Skene clearly shows that the sooner the incised tissues are brought together, the less time it will take them to heal. This accounts for the fact that some surgeons who operate rapidly but pay little attention to asepsis, have about as good results as others who are thoroughly aseptic, but deficient in speed and technique.

He adds that the Art of Operating has remained stationary for forty years, and if the work of all operators be taken into account it has actually lost ground. "Surgeons do not operate to-day as well as they did before the days of anæsthetics and aseptics." These are responsible for much imperfect surgery. Rapidity in operating cannot be too strongly insisted upon. "The surgeon cannot hardly feel safe under any circumstances in leisurely doing his work". Knowing that if he has much to do, his hands must be kept in a smooth and soft condition, Dr. Skene says he now contents himself with thoroughly scrubbing and washing the hands in soft soap and running water.

In discussing this paper, which can be found in a late number of the Brooklyn Medical Journal, Dr. J. S. Wight said that in all his operating—and it must be conceded this has been very extensive—

he thought the longest time he ever had a patient under an anæsthetic was one hour and thirteen and a half minutes. "The less time you can keep the patient under, the better". Dexterity is a very important matter and there should be no delay anywhere.

The paper by Dr. Skene and the discussions following, take up over twenty pages of the journal and are as interesting as anything we have read in a long time. The deliberation with which some surgeons go about their work, not being in the slightest haste to finish; believing that the operation is "soon enough done when well enough done", is simply astonishing. How often we see the sentence, in a report of a case, "the operation occupied one hour and — minutes," or even over into the two hours. Yet here is the testimony of some of America's greatest surgeons to the effect that rapidity is a great factor in good surgery and that an hour for an operation should be a most unusual occurrence.

Diphtheria Cures. Recent literature on the cure of diphtheria is something appalling! To accept all one reads, together with all he hears in private conversation, is to be convinced that diphtheria is not much of a disease after all, "provided you have me for a physician". Some of the best men in the profession look upon this disease as having a mortality varying from 25 to 40 per cent., and even higher. Our individual experience, years ago, and our text-books certainly agree that this is a frightfully fatal disease. But—

An acquaintance says he has had "over forty consecutive cases without a death": another, "have not lost a case in ten years": another, "have treated over one hundred cases and had only one death".

A new remedy is presented in the form of an antiseptic varnish. It adheres as well to mucous surfaces as it does to the skin. It has marked bacteriological power, and yet is not a caustic. It is called Steresol. After using it in a large number of cases the fatality is less than nineteen per cent. A Solution of Sublimate in Glycerine has been used in 64 cases, with 61 cures; and yet 25 of the cases "were severe and toxic". A Spray of Solution of Sublimate, one to five hundred, has been used in 98 cases with 96 cures. Another reports the use of the Solution of Sublimate in Glycerine in 112 cases with 94 cures. Another article says that Nuclein must be regarded as a specific. Another writer uses these words, "A cure can be effected each time without any fear of a failure", and the method is nothing especially new. In the meantime Antitoxin is not forgotten. The latter, however, appears to stand out by itself, appealing to our reason in a way the others do not touch. One would think that because a great discovery, like antitoxin, has been made, everybody seems anxious to tell of his wonderful success and thus come in for a share of the honors.

Specifics for Diphtheria. One of our exchanges publishes a letter from a subscriber, giving a specific treatment for diphtheria. Under the use of this method no sequels follow; perfect health is the result, invariably in less than a week". We are told that the merest novice in medicine need never lose a case. For over sixteen years this treatment has never failed the writer in a single instance. It is simply astonishing that any physician should undertake to make the profession believe he has a never-failing specific for this disease. The man who says he has cured every case of diphtheria, for a number of years, either has not had enough cases to amount to anything or he lies. Mind, we say diph-

theria; and nothing but a bacteriological diagnosis will be accepted.

American Journal Obstetrics. In the American Journal of Obstetrics for February is an article by Dr. S. S. Adams, on Typhoid Fever in Infants under two years of Age. The paper is illustrated with a chart and with a fine engraving of the intestine, showing the thickening and ulceration of Peyer's patches. The paper is especially interesting, because some writers claim that this fever does not occur in infants; at least they say the lesions found in adults are never present. Dr. Adams is certainly able to disprove this, as a glance at the chart and the illustration showing the ulcerated patches is sufficient proof. The same number contains an article by Dr. H. B. Deale, on Sarcoma Fundi Uteri. Dr. Deale reports two of these cases, occurring in his own practice. Remarks on these papers are given by a number of physicians of this city.

In the same journal for March is an article by Dr. John T. Winter, on What is the Cause of Puerperal Fever. Remarks on the paper are made by Drs. Bowen, Cook and Acker. There is also an article by Dr. J. Wesley Bovee, relating a few cases of severe pelvic disease occurring in his hospital work. Six cases are reported, and comments made on each. Dr. Bovee says he is becoming more and more partial to drainage in abdominal surgery, and he believes he drained too little in his early work. Great care must be taken to look after the condition of the kidneys in all operative cases. We must know not only of the presence of albumen and casts, but also of the proportion of solids, especially urea.

Sins of Omission. The Homeopaths of Illinois have a bill before the State Legislature, appropriating $400,000 for a Hospital for the Insane. Reports say that the plans of the new building are so made that it will accommodate a number just equal to the whole number of homeopaths in the state. The project was started by the Society for the Prevention of Cruelty to Mankind; the cruelty consisting in leaving undone those things which should have been done, and in doing — nothing.

Do Not Grow Old. The New Orleans Medical and Surgical Journal gives a list of "The Oldest Medical Publications in the United States", and finds itself fifth in point of age. We know of some journals not five years of age which are already so old that we have to open the office window when they arrive; and so covered with mold that we cannot read the Table of Contents until we have used a curette. The New Orleans Journal is far from being old; it is as bright and fresh as a harvest apple and is always as eagerly anticipated and as greedily devoured. "How long we live; not years, but actions tell."

Important to Washington Physicians. A Roumanian physician has lately described the great danger of accepting fees at the bedside of those afflicted with contagious diseases. He says that immediately after accepting such a fee the physician should disinfect his hands, before leaving the patient's room. The money should be placed in a metalic purse, or in some medium which can be either passed through fire or boiled. While the physicians in this city are well posted in the germ theory, and do not fear danger; yet it is to be feared they would be so frightened by the tendering of a cash fee at the bedside, that they would not know what to do. Yellow fever germs, cholera, diphtheria and tubercle bacilli, all these we can face with composure; but a cash fee at the bedside, there is danger in it. Thanks, to our Roumanian rescuer.

Conundrum. If Government employees recieve, on the average, as much salary as ever; if they are paid every two weeks as of old; and if living was never so cheap as at present; why is it many are unable to pay their doctor "on account of the hard times"?

The Race Problem. A New York daily says, "If any one wishes to appreciate the difficulties of the race problem, let him go to Washington". The writer must be familiar with the struggle for existence in which the medical fraternity is actively engaged! To get a livelihood is the greatest problem of the race.

Water Unfit for Use. A writer in the American Practitioner and News says, "Many samples of water are passed by the chemist that are absolutely unfit for use". The question arises, does the fact that the water was passed by a chemist make it more poisonous than if it was passed by a life insurance agent, for instance?

Mysteries Explained. The Medical Standard says that Mohammedan jurisprudents admitted, as a precedent, the case of a woman who became pregnant "in a bath, by attracting the sperm of a man admitted to bathe with her". This accounts for many things which occur at the seaside!

A Woolen Want. The editor of a new exchange announces his appearance by saying he hopes "to fill a long felt want". He certainly ought to do it, if he is half a man. Since the premature death of the McKinley act, all woolen goods have fallen so low that they are only worn as hose. If the want were a silk one it might not be so easily filled; but to fill a felt want, even if it were a long one should be easy in New England where the wants are not so long as in Chicago.

Medical Incomes. A number of our exchanges have noticed the report given in this journal concerning the Incomes of the Physicians of this city. At home and abroad there is some surprise expressed that the average income is so small; that so few physicians have large incomes; and still greater surprise that there are no very large incomes. One explanation of this is illustrated by the following: "Well," said a physician to us the other day, "I have just been refreshing myself by striking off fifteen hundred dollars worth of bad accounts from my books".

Think of the Future. The Superintendent of the Kansas State Institution for the Feeble-minded has been operating on a number of the inmates, for confirmed masturbation. Already nearly a score have been castrated. It is said to be a cure! A real anti-toxine treatment. Dr. Pilcher says he is "enthusiastic over the operation", and intends to keep it up. Now the race has begun, the question is, Who will report the greatest number of cures within the next thirty days?

Anti-Vaccionationists Have Won. When vaccination was first discovered, it was freely predicted that all the peculiarities of the animal from which the vaccine was taken would appear in the inoculated individual. It was said that the vaccinated persons would bleat like calves. And sure enough this has come to pass. For has not the Doctor Senator from New Hampshire exhibited himself as a living demonstration of its truth? To what can we compare his address before the senate upon the anti-toxin appropriation than to the bleating of a calf? He says, among other brilliant flights, "Vaccination benefits nobody but the doctor. The highest authorities on medical science testify to the worthlessness of vaccination". Take notice, all animal extract men! See what vaccination from the calf has done!

HOSPITAL WORK FROM FEBRUARY 15TH.

BY J. A. STOUTENBURGH, M. D.

COLUMBIA HOSPITAL.

SERVICE OF DR. J. W. BOVEE. Curetting for Endometritis Hem. Trachelorrhaphy. Laparotomy for double Pyosalpinx and Cystic Ovaries.

SERVICE OF DR. I. S. STONE. Excision of Breast for Carcinoma. Laparotomy for Tubo-Ovarian Abscess. Curettage for Endometritis Hem. Pan Hysterectomy for Purulent Peritonitis following abortion. On account of this case (one of profound Pyæmia) all surgical work was suspended for two weeks.

GARFIELD HOSPITAL.

SERVICE OF DR. J. FORD THOMPSON. Enucleation of femoral Glands, tubercular. Enucleation femoral Glands, specific. Enucleation glands of Neck, tubercular. Enucleation axillary Glands, carcinoma. Enucleation for Cystic Goitre. Incision, curettage and drainage for Sinuses of the Thigh, two cases. Curetting and drainage Fistula in Ano, two cases. Perineal section. Staphilorrhaphy. Plactic operation on Urethra. Excision Tumor of face, malignant. Excision Varicose Veins of leg. Whitehead's operation for Hemorrhoids. Removal left Testis and excision of Sac for Hydrocele. Double Oophorectomy for Salpingitis. Dilitation and Curetting for ulcer of Rectum. Castration for enlarged Prostate. Ligation with section of Veins for Varicocele, two cases. Gelatinoid Degeneration Knee joint, incision and diainage. And several minor operations.

EMERGENCY HOSPITAL.

SERVICE OF DR. JAMES KERR. Two excisions of Cervical Glands. Excision of Sebaceous Tumor of Scalp. Two excisions of Breast. Suture of Tendons for lacerated wound, two cases. Suture of Olecranon for Fracture. Trephining and elevation for depressed Fractured Skull. Double Herniotomy, Dr. Kerr's modification of Halsted's operation. Erasion and drainage for extensive Laceration of Foot. Amputation at middle third of thigh for Open Fracture. Osteoclasia for curvature of Tibia, two cases. Osteoclasia for deformity in untreated Colle's fracture. Operation for Appendicitis. Theirsch's Skin graft, following amputation of Breast.

SERVICE OF DR. SWAN M. BURNETT. Two operations for Cataract. Also a number of minor operations in the dispensary.

CHILDREN'S HOSPITAL.

SERVICE OF DR. SWAN M. BURNETT. Enucleation of Eye for pan Opthalmia. Mastokeocentesis, curettage and drainage, for supurating mastoid cells.

SERVICE OF DR. J. FORD THOMPSON. Heruiotomy. Tenotomy for Torticollis. Erasion of Knee Joint. Urethrotomy, internal. Two Craniectomies. Two Osteotomies. Three Circumcisions. Laparotomy for Tubercular Peritonitis. There were also fifteen minor operations in the Dispensary service.

Explanation of Increased Amount of Nervous Prostration among Physicians. Worry over the long continued, careful and conscientious study of the Income Tax law.

An editorial in the Pacific Medical Journal says that Influenza has been very prevalent in San Francisco this winter, and a number of medical men have been among the sufferers. The disease is about the same there as here; in that it is not so severe as last year, while it expends nearly all its force on the nervous system.

The next annual meeting of the American Publishers' Association will be held in Baltimore, on May 6th, convening in the parlors of the Eutaw House at 9:30 a. m.

Dr. S. S. Adams relates a very interesting case in a recent number of the Archives of Pediatrics. The history is given of a child, twelve years of age, which had a severe attack of sub-acute bronchitis, measles, croupous pneumonia, acute nephritis and intermittent fever, all within four months, and yet the child make a good recovery.

PROCEEDINGS OF MEDICAL SOCIETY OF D. C.

A Case Treated by the Pasteur Method to Prevent Hydrophobia.

At the meeting of the Society for January 23rd, Dr. J. W. Chappell read a paper, describing a case treated by the Pasteur method, to prevent the development of hydrophobia in a woman bitten by a dog proven to have been rabid. The complete paper appears in the March number of Food. Dr. Chappell first described the symptoms of hydrophobia, and then gave a detailed account of all the circumstances connected with his case. The evidence was so strong that the dog which bit the patient was rabid that Dr. Chappell advised his patient to go to New York and take the Pasteur treatment. In the meantime portions of the spinal cord and medulla of the dog supposed to be rabid were sent to Dr. Walter Reed, of the Army. While the patient was at the institute in New York, Dr. Reed reported that inoculations upon rabbits showed conclusively that the dog was rabid. The patient took the usual treatment at the institute, under the charge of Dr. Paul Gibier. A case of hydrophobia developed in a patient in Georgetown, which rapidly proved fatal, and which is quite clearly proven to have been caused by the same dog which bit the patient who was sent to New York at the suggestion of Dr. Chappell. No symptoms of the disease have developed in Dr. Chappell's patient, and it is safe to say they never will.

DISCUSSION BY DR. REED.

Dr. Reed, in opening the discussion, said that he doubted whether the danger from hydrophobia was sufficiently appreciated in this community, and hence he considered Dr. Chappell's paper of value in directing attention to this subject.

Prior to the investigations of Pasteur much doubt existed as to the disease, hydrophobia. We only knew, at that time, that the virus of rabies was contained in the salivary glands and their secretions, and that infection often followed the bites of rabid animals: and that when the disease appeared its course was uniformly fatal. We had no means of positively diagnosing the disease in animals, and hence trustworthy statistics as to the mortality of those bitten by rabid animals were impossible.

As the results of Pasteur's investigations we now possess a positive means of diagnosis, although the latter does not appear to be sufficiently appreciated. We know that the part of the system chiefly affected is the central nervous system: we are also able to appreciate the difference in the action of the poison, according to the seat and manner of its inoculation. Though numerous attempts have been made to isolate the causative agent in this disease, these efforts, up to the present time, have not been successful. We are, however, justified in believing that it is caused by a living micro-organism. When we consider that the minutest particle of the medulla of a rabid animal, when placed under the dura of a rabbit, will, within a given period, cause the death of this animal, and that a minute fragment from the medulla of this rabbit will give rise to the same disease in a second rabbit, and so on through an endless series, we are forced to believe that we have to do here with a living germ capable of most rapid multiplication. Then, again, the organism can be separated from fluids containing it by passage through a porcelain filter. What is of great importance, as Pasteur has taught us, is that this organism does not originate de novo, but is propagated from animal to animal and from animal to man.

The instance cited by Goldschmidt of the occurrence of hydrophobia in the island of Madeira is very instructive: with a population of 130,000 inhabitants, and about 11,000 dogs, there had never been a case of rabies on this island until June, 1892. At this time a mysterious sickness suddenly appeared amongst the dogs: many of these died, but not before they had bitten other animals, and a number of the inhabitants. Inoculation experiments proved that the disease was undoubtedly rabies. A careful investigation disclosed the fact that a dog imported from Lisbon, in the month of May, 1892, and which died of rabies

early in July, had been the means of introducing the disease into this community. Prompt police regulations, such as the killing of suspected animals and the muzzling of all dogs, quickly led to the disappearance of this epidemic: no case occurring after December, 1892: and when Goldschmidt's account was published, January, 1894, no other case had occurred. Goldschmidt reported ten deaths in three districts, with a population of 60,000, which would amount to something like about 7,000 deaths in a population as large as that of the United States.

The investigations of DiVestea and Zigari are of great value in showing the way in which the virus is usually carried from the seat of inoculation to the central nervous system. Although the poison can be absorbed by means of the lymphatics and the blood-vessels, these do not appear to be the usual channels. These investigators have found that if the virus is inoculated into a nerve the development of the disease is shorter and more certain. They have also shown that when the virus is introduced into the sciatic nerve the poison first appears in the lower part of the spinal cord: in the same way, when introduced beneath the dura the upper part of the cord is affected. This serves to explain also why bites about the face and head are attended with a shorter stage of incubation. Later investigations have shown that the disease rabies, in animals as well as in man, is attended by well-marked pathological changes in the cord and brain. Welch carefully studied the medulla of three cases of hydrophobia in human beings. Serial sections of the medulla and pons showed numerous small hemorrhages, accumulations of small round-cells in large numbers both in the perivascular lymph-spaces and in the neuroglia, between the nerve-elements, and many small thrombosed vessels. Horsley has confirmed these observations. During the past year Golgi has published the results of his study of the brain and cord of rabid animals. He states that in all cases there are well-marked lesions to be found. these occur as early as the fourth and fifth day after inoculation. Without attempting to enter into a minute description of these changes the process may be designated, according to Golgi, as an acute parenchymatous encephale myelitis. With regard to the impression that hydrophobia may be caused by the virus introduced during the Pasteur preventive treatment, attention is invited to the fact that, in immunizing animals by this method, hydrophobia never occurs. Another fact is that the mortality from rabies is smaller after the application of the intensive method than after the simple treatment. It has also been experimentally demonstrated that those who die from rabies subsequent to the preventive inoculations have not contracted the disease as a result of these inoculations. As the stronger fixed virus is used, of which the period of incubation in rabbits after subdural injection is six or seven days we would naturally expect to find this same fixed virus in the medulla of those dying subsequent to the preventive treatment. What we really find is a virus which, when introduced subdurally into rabbits, causes death in from eleven to twenty days: in other words, the virus which had been introduced by the bite of the rabid animal.

DISCUSSION BY DR. B. G. POOL.

Dr. Pool would briefly allude to a few of the many interesting and practical points presented by the essayist. He thought it worthy of notice that hydrophobia, though a disease of remotest antiquity and wide-spread prevalence, should have failed for so long a period to make its appearance in this District.

The history of the case presented was sufficiently typical to enable diagnosis before the results of Dr. Reed's experiments were known. The virus for the inoculation of the rabbits was taken from the dog forty-eight hours after death. This suggests the danger and the care which should be taken in making autopsies, as some authorities state that the virulence is destroyed with the death of the animal. One of the rabbits showed symptoms on the thirteenth day. The treatment of Dr. Chappell's case did not begin until the twelfth day—a dangerously short time to allow for the treatment but at the same time it shows

how late we may begin with a fair hope of success.

The specific entity of hydrophobia, though denied by some, might safely be accepted, as so well shown by Dr. Reed. The early diagnosis requires a familiarity with the diseases of the lower animals, more especially those of the dog for he is subject to many disorders, which when taken in a part only of their course, simulate hydrophobia, as the reflexes due to gastro-enteric irritation from worms and foreign bodies. Then, too, it should not be forgotten that the dog suffers from chorea, tetanus, epilepsy, paralysis and even various psychoses.

When the history of the case is complete the diagnosis is comparatively easy: but unfortunately at the stage at which our advise is sought the formation of a correct opinion is attended with many difficulties. Having determined that the animal which inflicted the bite is rabid what are the probabilities of the wound being infected? Here statistics are of little value for in many instances the bite is received without inoculation. The important point to know is whether the saliva of the animal has been brought in contact with the wound. In snapping through clothing, hair, etc., the teeth may be wiped clean and dry before abrading the skin of the person or animal attacked. But suppose we are satisfied that the ssliva of the rabid dog has been introduced into the wound, there is, then only one chance of escape and that is through immunity, natural or acquired. That there is a natural immunity might be expected from analogy and it seems to be demonstrated by numerous experiments: but he believed that the number who are not susceptible is very small—so small as in no way to modify our treatment of a case. Sucking and washing the wound and the application of a strong solution of liquor potassæ until suppuration is induced, though of doubtful efficacy, should be practiced with the hope of removing, destroying or modifying the action of the virus, but the treatment—the one and only treatment that promises any hope of escape—is to immunize the patient by the use of an attenuated virus.

Let the Medical Society collectively and individually labor to secure a liberal appropriation from Congress to enable our Health Officer to conduct laboratories and experimental stations—open under proper regulations to the profession —in which the animal poisons and their antidotes may be studied: and the antitoxins propagated for the use of practitioners.

The subject of water supply and sewerage is being considered by many competent and energetic civil and sanitary engineers the world over. There is no danger that it will be neglected. But here is a subject which lies properly within our domain. If we accomplish what he had suggested we may not only save many lives, but the time may come when instead of sending to Berlin or Paris for our information and supplies first inquiries will be directed to Washington, D. C.

DISCUSSIONS BY DRS. BEHREND, MORGAN AND OTHERS.

Dr. Behrend had sent a boy to the Pasteur Institute, in New York: but his experience had been very different from that of Dr. Chappell's patient, for he praised the hospital and the treatment he had received.

Dr. J. D. Morgan—It is interesting to note in regard to rabies that Tizzoni and Centanni have found that immunity to rabies is transmitted from parent to young in rabbits. Why not immunize all the dogs by the attenuated inoculations of the virus of rabies, especially if there is feared, at any time, an epidemic of rabies? We would in immunizing the dogs protect ourselves.

Dr. Schæffer spoke of two cases which he had investigated some years ago and said that he would present them to the Society at some future date.

Dr. Ward spoke of a case which he had seen and which died on the fifth day. He also spoke of the value of toxins in immunizing and in effecting a cure.

Dr. Chappell, in closing, said his object in presenting the case was to bring out the discussion, which he had done thereby gaining some valuable information. He thought the virus was prevented from entering the system of many people bitten by rabid dogs by their clothing.

A Case of Ainhum.

At the meeting of the Medical Society for Jan. 23rd, Dr. J. H. McCormick reported a case of Ainhum. The literature of this disease was reviewed and a record of all reported cases was presented. Dr. McCormick once had a case under his observation.

Dr. W. S. Bowen had seen two cases of this disease during his stay in Berlin. They were German boys but were not related. In both case the hands were attacked and the phalanges dropped off.

Dr. McCormick said that his investigations had shown that it always occurred in those with negro blood in them.

Meeting of January 30th.

At this meeting Dr. R. M. O'Reilly reported a Case of Malignant Diphtheria treated by Antitoxin. The special committee appointed at a previous meeting to take action relative to the death of Dr. Alfred L. Loomis, made their report. Dr. Prentiss appended to the Resolutions a brief account of the life of Dr. Loomis.

Dr. William P. Mason, of Troy, N. Y., read a very interesting paper, by invitation, on Drinking Water and Disease.

Meeting of February 6.

At the meeting of the Society for February 6, the report of the Board of Examiners, relative to some recommendations made by the President in his annual address, was discussed and adopted. As a result, only the business part of the minutes and the titles of papers and names of members who engage in the discussions are read. This is a great saving of time.

The office of Assistant Recording Secretary is created. by this report. Said officer is to make a stenographic report of all medical discussions. After supervision, correction and verification by the proper committee, these will all appear in the National Medical Review. The society is very fortunate in having a stenographer among its members; and Dr. Henry L. Hayes was unanimously elected to perform this work.

It was also urged upon the members of the Society to give patronage to the Washington Directory of Nurses, which mostly owes its organization and permanent establishment to this society.

Dr. Joseph Taber Johnson presented a specimen, with history, of Extra-uterine Pregnancy.

Dr. G. N. Acker presented specimens, with histories, of Aortic Disease, and Acute Endocarditis, with disease of the tricuspid Valve.

Discussion of Dr. Acker's Case.

Dr. S. S. Adams, in discussing Dr. Acker's cases, said he had recently seen a lady 33 years of age who was suffering from a muco-sanguinolent expectoration and thought she had pneumonia. She gave the history of a diagnosis of heart disease made by Dr. Knight, of Boston, and at his advice she went to Colorado, where she became better. After some time spent in Colorado she returned to her home in Massachusetts where she lived for several years, during which time she had frequent attacks similar to those from which she had suffered before going to Colorado, but getting gradually worse. Dr. Adams made a thorough examination which showed that the whole of both lungs were œdematous, with cough and slight cyanosis. There was also tricuspid regurgitation with dilatation of the right side of the heart and a regurgitant murmur of the left side. She improved on cardiac stimulants: her cough became better, the kidneys secreted more freely, and the albumen disappeared. On the day after Christmas he found that the pulmonary œdema had not recurred, but the cough was incessant, and she was wheezing and unable to lie down. He therefore increased the heart stimulants. The albumen re-appeared, but she became temporarily better again, though the pulse tension had not improved, and the beats became no better, though she was then taking 1-50 grain of nitroglycerine and six drops of strophanthus. He had also given digitalis, but had taken her off this, then continuing the nitroglycerine. He was sent for hurriedly one day, and found that she had suffered a hemorrhage, there being about six gills of blood in the vessel. Dr. W. W. Johnson saw her in consultation and made the same diagnosis and prognosis, which was unfavorable. She

began to improve, and was able to adopt the recumbent posture and to take more nourishment, but he was never able to make any impression on the heart symptoms, or to strengthen the arterial tension even with the strongest heart stimulants. He was afterwards summoned again, when he found her getting gradually worse. Dr. Johnston was unable to detect any more decided lesion of the lungs than a congested area over the right upper lobe. The jugular pulsation was marked, but she continued able to maintain the recumbent posture up to the time of her death, except when she was having paroxysms of coughing. He administered carbonate of ammonia and other cardiac stimulants, but with no improvement in the heart tension. A necropsy could not be obtained.

Primitive Trephining in Peru.

At the meeting of the Society for February 6, Prof. W. J. McGee read a paper on Primitive Trephining in Peru.

Discussion by Dr. J. H. McCormick.

The question at issue is: did the ancient Peruvians perform trephining as a surgical operation per se for the relief of idiopathic and traumatic cephalic lesions? For reasons hereinafter given it must be evident that such could not be the case.

In the development or evolution of medicine, of which surgery is considered only as a branch, four stages are traversed and they are: first, imputation; second, personification; third, reification; and fourth, scientific. By imputation is meant the attributing to things, powers and attributes they do not possess; personification is deifying these attributes, which are reified, or made real in the third, or stage of reification, while the last is the scientific explanation. In proportion as the degree of culture advances we find medicine ascending from the lower to the higher of these stages, so that culture development is but a history of the progress of the healing art from empiricism, based upon imputation, to scientific, or rational medicine. In this discussion attention will be given to the first, or imputation stage only.

Among all primitive people everything is symbolic. Their words and thoughts are expressed in symbols, and the unknown is expressed in terms of the known by this means. Symbolism pervades everything and everywhere. Thus unknown forces and phenomena are ascribed to higher and more powerful beings than themselves, but having powers and attributes similar to their own in a magnified degree. The mysterious movements of nature are operated and controlled by these supernatural personages, and hence are attributed to causes which do not exist. This is imputation. To illustrate: the North American Indians believe the breath to be the spirit or soul, and this is how he arrives at such a conclusion. On a cool, frosty day the warm breath, as it leaves the body, is condensed by the cold air, forming a slightly visible cloud, and he observes that all living animals, both man and beast, emit this cloud, and that when dead this phenomenon does not occur. Therefore this must be the spirit of life, and its absence denotes death. Again he hears the thunder, and he attempts to find in the living objects around something like it, and he learns that the growl of the bear somewhat resembles the noise of the thunder, therefore a great bear must have made the thunder, and what he hears is the animal growling in the heavens. When the breath is blown upon the hand a slight force or pressure is felt, and as a result, when the winds begin to blow it is but the bear god sending forth his breath. If gentle, it is a life-giving, beneficent breath; if strong or forceful it is an angry, death-dealing, destructive breath, showing that the sky bear is filled with rage. The clouds are but the prototypes of the breath of man, only being so much greater they must have come from the bear god, who can render himself invisible. This is imputation in that he attributes to the bear the power of thundering, and of causing winds. Conversely, when he hears the thunder it is the bear making the noise. In time he notes that when it thunders a storm is about to break: cold winds and rain follow, and the hunter becomes wet and cold, and from consequent fatigue and exposure takes cold, and chills, fever, rheumatism and other diseases follow.

This is the bear disease, for did not the bear cause it? For some reason, it may be, he has angered the wind-god or the rain-god, and thus their displeasure is visited upon him. To propitiate by prayers, gifts, sacrifices, and the performance of ritualistic ceremonies is his chief hope of relief. Whatever of empiric medicine is used, is only a part of such a course, and is not given for the mitigation of the trouble, but because it is one of the necessary accompaniments or factors in such ceremonies. This is shamanistic or thaumaturgic practice: it is nothing more nor less than imputation.

Let us advance another step. The bear, for various reasons, does not at all times act directly himself, but acts through the agency of demons, devils, or other forms of evil spirits. This evil spirit is implanted in the body of the offender, and his presence is manifest by pain or other subjective symptoms, and since such pain can be localized to a greater or less degree of accuracy, such a spot indicates the exact location of the demon spirit, and being so near all that is necessary to be done is to open the body and let the devil out, and presto! the patient is well,—that is if he survive the operation. Among all people such practice is in the hands of the priesthood, and is indissolubly connected with the religion of such people, and the practice is therefore not only thaumaturgic but theurgic.

Many people had different gods governing various parts of the body. Thus the Egyptians had fifty-six and the Chinese thirty-six, such numbers admitting of a great variety of practice. As the gods have supervision over various parts of the body, special ceremonies were necessary in each case, many being very elaborate, lasting for days, and in each not the slightest deviation was permissible. It is a common belief that aborigines were well versed in botanic medicine, but an investigation will prove this to be erroneous, as most of the plants used had no medicinal virtues and were used because of their supposed resemblance to some organ or part of the body, or again because the priest or physician had a dream to get this certain plant, and so it had grown as a fixture in the primitive materia medica. None of these remedies were effective until some mysterious process had been performed, and certain ceremonies executed, which had for their office the transference of power from the tutelary god to the plant; yet a striking example of the union of both may be shown. However some remedies were used which were of great value, although, so far as they were concerned, all were subjected to the same ritualistic forms before using, thus receiving alleged virtues which were not in the plant before. We have, since the days of Lister, prided ourselves on the excellence of our surgery as compared with that prior to the days of antiseptics, yet centuries ago antisepsis was practiced on the then undiscovered continent of America. A wound is inflicted on the body of a warrior in battle or from an accident in the chase, and several days elapsed before the wounded man is brought to his camp to be treated. The loss of blood, fever and accumulation of dirt at the seat of injury have resulted in the formation of pus, and possibly sloughing has already taken place. The Shaman and his assistants are summoned, and the treatment begins. Beside a clear running brook a red willow grows, its roots bathed by the stream as it flows. In a large cauldron the fresh roots of the willow are placed, covered with water from the stream and allowed to boil, and while it is boiling let us see what the Shaman has to say as to his course. He tells that the spirit of the arrow has entered the wound, and that it is decayed,—it is dead,—for when an animal dies worms have entered and killed it, because he can see them crawling around in the putrifying mass. Therefore the worm has entered the wound of the patient and the flesh is dead. The breath, which is white, is the spirit of the soul, and the blood, which is red, is the spirit of the body, and they both exist at the same time, as he well knows that when the white soul, the breath, ceases to come from the mouth, then the red soul, the blood, ceases to flow from the wound, and one cannot be without the other. So he takes the water, which is also white and which also gives life, and the roots of the red willow which is

watered by the stream and is therefore a part of it, and which can exist without it, (due to his observing that willows grow in wet and marshy places or along the banks of a stream,) and the two make a red liquid by boiling, which resembles blood and typifies the red soul. After prayers and sacrifices to the gods the boiling liquid, now cool, is placed in the mouth of Shaman, and by blowing, either directly from his mouth or by the use of a reed, he thoroughly cleanses the wound, and blows into it the souls, white and red, and after dressing it to prevent the spirits from coming out before they have found their lodging place, the patient is allowed to rest. Thus he replaces, or gives back, the spirits which had departed, and he uses, unknowingly, an antiseptic solution, the active principle of which is salicylic acid.

The celestial bodies were supposed to have a great influence over disease, and the moon is, in all languages, feminine, because of its coincidental relation to the functional activities of women, and many of the diseases of women are ascribed to the baneful influence of that body; and to avoid or relieve such maladies certain forms and rites are necessary. Astrology accounts for many of the mysteries both of the cause and cure of disease. Witchcraft, sorcery and magic all play a part.

That the ancient Peruvians performed trephining as a surgical procedure presupposes a knowledge of the anatomy of the brain. This they did not possess, notwithstanding their high state of primitive culture, for the reason that the bodies of the dead were sacred,—they being believers in mummification,—and, as among all other nations of old, dissection of the human body was desecration, and was punishable with death. Scarification, venesection, and other practices of like character were in vogue, and did do good then just as they do now. Scarification in pneumonia and rheumatism let out the worm which someone ot evil intent had placed in the limb or breast, so, too, the trephine let out the devil in the brain of the affected one, for was it not a devil which caused the person afflicted with epilepsy to have such strange actions?

In several of these crania it is clear that a fracture had been sustained, and you say that the operation was performed to relieve pressure? Oh no; the stone ax or war club which inflicted the wound carried the spirit of the buffalo or horned cattle into the wound, because when he impales his victim upon his horn he leaves such a wound. To make this clear, let us recall the oft told story of the poisoned arrow of the Indian. It is well known that primitive man had no knowledge of toxicology. How, then, did he know how to poison his arrows? He did not know that the rattlesnake had a sac of poison which he injected into the flesh of his victim, yet he knew that the unfortunate person or animal died. What killed him? Why, the spirit of the rattlesnake. Therefore if the arrowhead is dipped in the blood of the rattlesnake the spirit of the snake is transmitted to the person into whose flesh the arrow sinks, and he dies, not from the poison but from the spirit of the rattlesnake. So in these cases of traumatism, the stone ax or other implement has been dipped in the blood of the buffalo, and his spirit has entered his skull, and all that is necessary is to raise up the bone and let the spirit out. Again, the real practice of medicine and surgery is almost always, in the western world, confined to women, and they use such means as they have at their disposal, usually without ceremonies of any kind, but their practice extended only to extreme simple things, and anything besides was delegated to the priests or Shamans, and was primarily a religious ceremony. This is further evidenced that the ancient Peruvian could not have been so advanced in surgery.

It is evident, therefore, that since in one class of cases the pus is evacuated, and it is the demon which has been liberaed, and in the other case it is the spirit of the buffalo which has been allowed to come out, it is thaumoturgic or theurgic, and, as has been stated, the assertion that the ancient Peruvians performed trephining as a surgical operation, per se, is untenable.

DISCUSSION BY DR. D. S. LAMB.

Dr. Lamb said, in the subject under discussion, we have to deal with three

facts, namely, the skulls themselves, the openings therein and the peoples to whom they belonged. We have also to deal with two inferences, namely how and why these openings were made.

The openings were made with instruments not weapons of war; they have not the appearance of congenital defects, nor as if caused by disease; nor as if caused by weapons. They are the result of surgical operations performed either during life or after death. The evidence of repair in some, proves that the operation was done during life.

The skulls found in the dolmens of Europe show that the operation was performed on both male and female subjects and at all ages. The fact is probably the same for these Peruvians. It is true that skulls of children are comparatively rare, but this rarity is explained by the fact that the skulls of children are too delicate to resist the destructive action of time to the same extent as do those of adults. But many of the European specimens show evidence of the operation having been done in childhood, as in the case reported by Prunieres, in which after the operation, the interparietal suture had been deflected towards the same side by the progress of development on the other. Nearly all the openings of prehistoric trephining in the European specimens are in the parietal bones, rarely in the occipital or frontal; but in these Peruvians there are quite a number in which the occipital and frontal have been opened. Mr. Victor Horsley, eminent in head surgery in London, has examined and photographed the collection in the Broca Museum, Paris, and determined that all of the openings are over that part of the brain which represents especially the movements involved in Jacksonian epilepsy.

The European specimens show that the operation has been done in one of four ways.

First, by a rotatory motion as by the modern trephine. Historically we know that this form of operation was done as far back as 500 B. C. In France and Germany at the present day it is also done on the lower animals; as on sheep, to relieve the "staggers". The knife point is applied to the skull and rotated until the latter is perforated. Second, by cutting or sawing. The semi-barbarous tribes of Northern Africa, use a razor, a serpette, saw, elevator and perforator. Third, scraping. Fourth, an incomplete scraping called raclage, in which the outer table of the skull is removed by scraping, the inner one left intact.

Horsley concluded that the skulls had been trephined by sawing, sometimes supplemented by scraping. But Broca himself believed that they had been trephining by scraping and experimented on some skulls and young dogs by scraping their skulls with a piece of broken glass and obtained openings similar in shape to those of the trephined skulls. At the present day some of the South Sea Islanders trephine by scraping with a piece of broken glass or flint; first making an incision in the soft parts with a shark's tooth; then scraping a hole as big as a crown piece, exposing the dura mater.

Sometimes a plate of some substance, was introduced under the scalp to protect the opening thus made. The South Sea Islanders sometimes used a piece of cocoanut shell.

The comparative harmlessness of the operation is shown by the fact that it was often times repeated on the same individual. It is said that among the South Sea Islanders, about half of those operated on die; but that most of the living adults have been operated on. Among the Kabyles of Algeria it is sometimes repeated as often as five or six times. In a case reported by Dr. McCutchen in the New Orleans Medical and Surgical Journal, 1881, page 259, of a miner struck on ths head with a stone, five operations of trephining were done in the course of five years, from all of which he recovered with more or less benefit. It is generally conceded however that savage and semi-savage tribes of men show more endurance of severe injury than civilized man.

The South Sea Islanders and Kabyles operate in this way for headache, neuralgia, etc.; to relieve fracture, and severe pain. The operation is done on both sexes and at all ages. I have no doubt that the religious element enters into all these operations in some way. It is us-

ually done by a priest or medicine man who is also partly a priest. Among all savage and semi-savage peoples the offices of priesthood and physician are conjoined. Still I am disposed to believe that both Broca and Horsley are partly right in that the operation was done chiefly to relieve disease or injury, but that many times, perhaps most times, it was and is done to get rid of an evil spirit who is supposed to cause the disease or injury.

The neolithic man we may well believe observed cases in which after injury to the head some relief was afforded to a previous mental aberration. There are many cases recorded and unrecorded of melancholia and other abnormal mental states which were relieved more or less by a broken head; or in which the mental state was more nearly normal when some wound of the head was discharging than when it was closed. The neolithic man is said to have entered Europe by the shores of the Baltic from the Caucasus and Crimea, occupied Denmark and Sweden, crossed into Great Britain, entered France, made Brittany his stronghold, passed up the rivers to the central plateau of France, anh down to the Rhone, never passing far to the east of that river; he crossed the Pyrenees into Spain and Portugal, and over Gibraltar to Northern Africa. The present Kabyles are said to be among his descendants. The trephined skulls have been found mainly in France; a less number in Spain, Portugal and Algeria; a few in Denmark, Italy and Great Britain.

It is worthy of not that this practice of trephining should have been so limited in its distribution; namely to the Neolithic peoples; the present South Sea Islanders and Kabyles; and on this continent the ancient Peruvians alone.

Broca believed that the operation was done oftenest in childhood and for epilepsy. In the historic period it was done for epilepsy as far back as the time of Aretæus, who scraped the outer table and then applied an ointment and poultice to remove the inner one.

Just how much of the operation is to be ascribed to the intention to repair a fracture or cure a disease; and just how much to the idea of removing the evil spirit which is thought to cause the disease or injury, is the problem which none can answer from absolute knowledge as far as prehistoric peoples are concerned. In this connection it may be well to remind you that when a Brahman ascetic finds himself at the point of death he causes himself to be placed in an open grave filled with salt; and at a given signal one of his disciples, chosen for the purpose, strikes him on the head with a stone or other weapon and breaks the skull. The Hindu dogma places the soul in the top of the head and the fracture gives exit therefore to the soul.

It is possible therefore that neolithic man and the ancient Peruvian trephined the skull during life sometimes to cure disease or heal an injury; at others to remove an evil spirit or let out the soul of the owner. It is a curious fact that among the delmons of these people there is generally oue stone which is not placed and therefore leaves a vacancy; or if placed, is perforated as by trephining; and sometimes the trephined piece is placed alongside. This latter is especially a feature in the Crimea and Caucasus. It would seem almost certain that these openings were to give exit to spirits, either evil spirits or the souls of the dead. Even in latter times when these peoples burn their dead, holes were often broken or bored in the urns which held the ashes. As an illustration of the prevalence of superstitions in this regard at the present day, is the story told of the nurse who, when her patient was dying, raised the window to permit the escaping soul to pass out and not be compelled to go up the chimney.

Dr. Fletcher makes the remark that probably the first recorded instance of trephing is the story of Athene; where the god Zeus suffered intense pain in his head; and called on Hephæstus to split his head open with an ax. Hephæstus very reluctantly obeyed, and out from the head flew the goddess of Wisdom.

The buttons of the bone removed, were called rondelles or roundels and were probably used as amulets. Those who survived the operation were doubtless held in reverence just as they are by the Kabyles to-day. It is easy to understand that both the buttous removed and

the skulls of those who died at a later time had remarkable qualities attributed to them; and when the owner died, portions including the healed edge of the opening were removed. It would seem probable that these portions were considered as prophylactics against the disease or injury for which the operation was done.

With regard to the skulls found in the Indian mounds of Michigan and which show trephining, it may be said that the operation was done in the median line just opposite the foramen magnum. They do not show repair and the object has been much discussed without definate conclusion.

DISCUSSION BY DR. EDWIN L. MORGAN.

Dr. Morgan described the evolution of trephining. When a bear or other animal was wounded, he said, it would bite at the painful seat of injury. When primitive man received an injury and the cicatrix became painful he probably learned to tear it out or cut it out, and this might have led up to the art of trephining for injuries of the skull, and thus taught them to apply the same treatment to convulsions and other diseases of the brain in children.

Savages did not always act without reason, as he had been able to observe among the Salish Indians; on the contrary they usually had some motive for everything they did, and indeed they actually experimented, as medical men today did. The people of the neolithic age operated for convulsions in children. Trephining was the oldest surgical operation of which we had any record, and it was known that it had been performed among uncivilized peoples for insanity from very early ages.

Hippocrates, who lived about 460 B. C., although he had performed trephining for depressed fractures and had notised convulsive movements on the side of the body opposite the seat of injury, had no particular place for applying the trephine, and had laid down no rules as to the location of the operation. Sometimes the operation was done on the opposite side of the head from the seat of injury as the Peruvians had also done, as was shown by one of the skulls exhibited by Prof. McGee. Among the people of the neolithic age the operation was done for nervous diseases, convulsions and fractures. In the stone age of Europe they sometimes cut down to the inner table of the skull, removing the outer table but leaving the inner one in place.

But very often some of these so called trephining operations might have been done with war clubs, for in New Zealand a Maori skull had been exhibited, punctured with a war club, closely resembling a trephined skull shown by Horsley.

THERAPEUTIC NOTES.

Salophen is now extensively prescribed as an antirheumatic; but it has only been recently that its value as an analgesic has been understood. One writer reports twenty-three cases of cephalalgia, hemicrania, pleurodynia and allied affections, seventeen of which were completely cured, two improved and only four unaffected. There are no disagreeable after effects and the remedy is without taste or odor. In doses sufficient to exert its effects it is perfectly innocuous.

Angier's Emulsion is receiving marked attention abroad, as well as at home. A number of physicians in England have lately testified to its value in Bronchitis, incipient Phthisis and general mal-nutrition. Dr. S. C. Stoddard, of Santa Barbabra, Cal., says he is now prescribing it altogether in place of cod-liver oil. Dr. F. T. Jenkins, of Riverside, Cal., also says he thinks it a perfect substitute for this oil.

Dr. F. Clark, of Boston, says that he prescribes Sanmetto for nearly all bladder troubles. In the case of one young man, aged twenty-four, who had been afflicted with incontinence of urine all his life, three bottles of the Sanmetto made a complete cure.

W. W. Baxter, M. D., reports the case of a man, aged 48, who was troubled with shortness of breath, and whose weight was 236 pounds. Under the use of Phytoline the weight was reduced thirty pounds in six weeks. In three months the weight was reduced fifty-six pounds, and all the difficulty in breathing had entirely disappeared.

BOOK REVIEWS.

MANUAL OF CHEMISTRY. A guide to lectures and laboratory work for beginners in Chemistry. A text-book specially adapted for Students of Pharmacy and Medicine. By W. Simon, Ph. D., M. D., professor of Chemistry and Toxicology College of Physicians and Surgeons, Baltimore. New fifth edition. In one octavo volume of 502 pages, with 44 engravings and eight colored plates. Cloth, $3.25. Philadelphia: Lea Brothers & Co., 1895.

In less than two years this chemistry has passed through four editions and now the fifth is before us for review. This edition has been so changed that it is in harmony with the new pharmacopœia and much new matter has been added. The colored plates of reactions are a great addition and will certainly be appreciated by physicians as well as students. By referring to them we have an accurate series of standards for comparison, something which a description cannot possibly make clear. The seventh division, relating to Physiological Chemistry, is of especial service to the medical student, and will also be often consulted by the busy practitioner. Here are discussed such subjects as the Bhemical changes in Plants and Animals; Animal fluids and Tissues; Milk; Urine and its Constituents; and the Examination of normal and abnormal Urine. The publishers have prepared the work in a very substantial manner and we shall soon expect to see the sixth edition following.

A MANUAL OF BANDAGING. Adapted for self-instruction. By C. Henri Leonard, A. M., M. D. Professor of the Medical and Surgical Diseases of Women, and Clinical Gynecology in the Detroit College of Medicine. Sixth edition, with 139 engravings. Cloth, octavo, 189 pages. Price $1.50. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

The main feature for commendation of this book over other similar works is that each illustration shows the direction of the various turns of the bandage with arrowheads, and eaoh turn is properly numbered; this renders the book a self-instructor to the reader of it, who has but to put the various bandages about the limbs of an office companion a few times, when the "trick" of its application upon a patient has been learned. It takes the place, in this way, of hospital drill. There is an illustration for nearly every bandage described. It has been recommended as a text book in various medical colleges and hospitals in this country, and has had two editions sold abroad.

SUGGESTIVE THERAPEUTICS IN PSYCHOPATHIA SEXUALIS; with Especial Reference to Contrary Sexual Instinct. By Dr. A. von Schrenck-Notzing, Munich, Germany. Authorized translation from the German by Charles Gilbert Chaddock, M. D., professor of Diseases of the Nervous System, Marion-Sims College of Medicine, St. Louis. One volume, Royal Octavo, 325 pages. Extra Cloth, $2.50 net; Sheep, $3.50 net. Sold only by subscription to the medical profession exclusively. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This must be regarded as a suitable companion volume to Von Krafft-Ebing's Psychopathia Sexualis; and physicians having the former will certainly desire a copy of this. The medico-legal questions connected with the subject are many and we find them discussed here in a very satisfactory manner. The author regards hypnotism "as an effective and harmless therapeutic agent". He says hypnotic suggestion has demonstated that aberrations of instructive life from its proper channel may certainly be corrected. To show this some seventy cases are given in detail. The author believes that a large per cent., much larger than is generally supposed, of the cases of sexual aberration can be referred to such external conditions as education, accidental causes, etc. Whenever the aberrations are due to an inherited constitution or predisposition of the brain; that is, whenever these have their root in organic conditions, then the suggestive influence has reached its limits. The volume forms as interesting reading as the companion one, already so well known.

Correction. Through the kindness of Dr. J. Ford Thompson our attention has been called to an error in our March number, on page 4. We there state that Dr. Chappell reports a case of hydrophobia cured by the Pasteur treatment; whereas, Dr. Chappell did no such thing, and never intended to convey that idea even. What he did do, was to report a case treated by the Pasteur method, "to prevent the development of hydrophobia, after a bite inflicted by a dog proven to have been rabid."

The McArthur Hypophosphite Company report that their sales in Washington increased three fold in 1894.

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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

The First Discordant Note.

As might be expected, so the first discordant note has been sounded, and no longer can it be said that the antitoxine treatment has the unanimous support of the profession. However, we must remember there are opponents to vaccination, and vivisection; and occasionally a regular physician renounces his faith and joins the ever thinning ranks of the homeopaths. In the meantime the great march goes on and all things point more and more to the success of the antitoxine treatment.

At a recent meeting of the New York Academy of Medicine, the Serum Treatment of Diphtheria was up for discussion, and one journal says the meeting adjourned in the greatest excitement and a considerable show of bad blood. Papers were read by Drs. Biggs, Park, Peck, VanGieson and others.

The discussion was opened by Dr. Joseph E. Winter, who began by saying that only a few months ago he too had shared the hope that at last we had a specific for this dreaded disease; but he was now sadly disappointed. For three months he had made daily clinical observations of the effects of the antitoxine in a hundred and fifty-four cases of diphtheria, treated in the Willard Parker Hospital. In not one single case had there been any evidence that the formal tion of the false membrane had been checked, that its foliation had been hastened, or that the throat had been free from membrane earlier than in cases not treated with the antitoxine. In not a single septic case had the antitoxine made the least impression on the symptoms. The toxæmia had not in one instance been relieved or lessened.

Speaking of the early treatment of the disease Dr. Winters says: "It might be definitely and confidently stated that diphtheria at the present time almost invariably ended in recovery under any method of treatment, if the patient was brought under proper hygienic surroundings and surveilance on the first day of the illness. Diphtheria is hardly ever fatal if the patient is put to bed and properly cared for on the first day of the illness."

In speaking of the untoward effects of the antitoxine treatment the speaker said it was only necessary to go through the wards of the hospital and note the condition of the little patients. He was positive that "horse serum dissolves human blood corpuscles, thereby producing new elements of decomposition".

In concluding his remarks the speaker said he was opposed to the antitoxine because there was not the slightest evidence that it had ever cured or prevented a single case of diphtheria.

Directly following this, is the opinion of Past Assistant Surgeon Cordeiro, U. S. N., who makes a report to the Surgeon General of the Navy on the value of the antitoxine in diphtheria. He says there is not a particle of proof that a case of diphtheria was ever prevented by the immunizing process; while it is equally certain that a number of children have died directly from the specific effects of the Lœffler bacillus. He concludes by saying that as yet "we have not the slightest basis on which to found an expectation that fewer children will die in the future of this disease on account of the serum treatment".

Argon.

When we consider the great perfection to which chemistry has developed it hardly seems probable that an entirely new element could have been in the atmosphere all these years without discovery. This is especially striking when its discovery was due to the well-known fact that nitrogen obtained from the air is heavier than that obtained from chemical sources. Therefore, the question was naturally asked, why is it heavier? This is now proven to be due to the present of an element, to which the name Argon, signifying no work, has been given. To Lord Rahleigh is this discovery due.

Enteric Fever in Children.

Dr. W. L. Stowell, of Brooklyn, contributes an article to the Record for March 16, on Enteric Fever in children. Dr. Stowell reports thirty-four cases which have come under his care. The youngest was twelve months, and the next, seventeen months of age. The treatment consisted in giving as little medicine as possible, and only to meet indications as they would arise. If the fever was very high, phenacetine, or acetanilide was given. "Tubbing" was not used, but in its place, cold sponging with or without alcohol. One child died, giving a mortality of 2.95 per cent. Dr. Stowell says that the disease is common in childhood, not differing materially from the same disease in adults. The duration is shorter, because the tendencies in childhood are more toward growth and repair. The prognosis is more favorable in children because the organs are in a healthier condition, and so there are fewer complications. In infants the morality is high because the extremes of life are feeble.

Anti-Vivisectors Again.

Another instance of the stupidity and narrow-mindedness of the anti-vivisectors is illustrated by their recent action in Philadelphia. Dr. W. W. Keen, of that city, wished a dog in order to obtain a nerve which he intended to transplant into the leg of a man. He applied to the city pound for an animal, only to learn that it was under the control of the Society for the Prevention of Cruelty to Animals. The president, a Mrs. White, most positively refused to allow a dog to be taken for any such purpose, notwithstanding the fact that she was assured a human life depended upon the success of this operation. She wrote the professor that she felt justified "in refusing to give you one of the dogs at our pound for an experiment which may prove of benefit to one of your patients or it may not, the latter being the most probable alternative". Even granting that these women do not love their own kind as deeply as their more enlightened sisters do, yet it is hard to imagine how they can become so given over to an insane idea that the life of a dog is of more consequence than that of a human being!

Quarantine for Diphtheria.

Now that the study of diphtheria has resulted in giving us so much positive knowledge, we should not fail to accept

all its teachings. As this disease is caused by the presence of a bacillus, then it follows that the disease cannot be given to another if there are no bacilli. Therefore, what sense in keeping a whole household quarantined after it can be proven there are no diphtheria bacilli? In other words, after the acute symptoms have subsided, let a number of bacteriological examinations be made of the secretions in the throat, and when these have repeatedly proven negative, let the house be disinfected, and the quarantine raised. In these days when the presence or absence of the contagion of diphtheria can be so easily and positively determined, there is no necessity of abiding by any fixed and arbitrary rule concerning the time of isolation. Let the absence of the diphtheria bacilli from the invalid, and the thorough disinfection of all clothing, the dwelling, etc., be the test for withdrawing the forced isolation.

The Plucked Student. We all know what a "plucked student" is. Generally he deserves his fate and is only receiving the fruits of his own labors. We cannot gather figs from thistles; neither can we pick up a diploma without previous hard study. But now and then a case comes to our attention where the college has done the "plucking" in the sense that it has fleeced the student of his last dollar and has then turned him adrift. We know of a student who attended a certain medical college for four years, and expended all his own money, and considerable more he had borrowed, only to find himself "rejected". He had not received one intimation, during all these years, that he was not up to the standard. His associates knew him to be dull; but how was he to know it? The Faculty must have known he could never graduate, long before commencement day.

No Meat for Anti-Vivisectionists. Some recent experiments by Dr. Dembo, of St. Petersburg, show the effects of the various methods used to slaughter animals for food. The usual method in this country is that by stunning and then by boodletting. Dr. Dembo says that the agony from this is something extreme. It lasts at least from fifteen to twenty minutes, and the amount of blood lost is only about fifty per cent. of the whole amount. The anti-vivisectionist must not only ask for meats which are from animals which have never been mutilated by man, but he must now inquire carefully into the manner of killing. There is but one escape for them: they must refuse meat of all kind.

Dangers of Hypnotism. Dr. Wm. Lee Howard, of Baltimore, reports some cases to the New York Medical Journal under the subject of hypnotism and crime which only proves the extreme danger of trifling with the realities of the hypnotic state. Dr. Howard shows very conclusively that it is an easy matter to make a subject commit a crime while under the hypnotic power. He says: "By repeated hypnotic and post-hypnotic suggestion I believe these persons can be made to commit any crime". The sooner that hypnotism is regulated by law the better. It is also true that the public must have the most supreme confidence in the uprightness of a man before they would freely admit him to their homes, did he make a practice of treating his patients by suggestion.

Sapphira. A Miss Weston is lecturing through England in the interests of temperance. Recently she related the horrible experience of some physicians who were called to hold an inquest on the body of a confirmed drunkard. When the cranial cavity was opened Miss Weston says "the odor of alcohol in the room was

sickening". One of the surgeons held a lighted match near the brain, and "immediately a blue flame enveloped the exposed surface". It only needed a little sulphur to complete the scene. Miss Weston may be a second Dante!

The Good Die Young. A western exchanges predicts that a new homeopathic journal "will surely die". And the prediction is based on the present hard times and the harder times to come. No homeopath journal need die; it has only to "prove" itself worthy of support, and a hungry profession will send on the argentum.

Cannot Use Pills. Be careful, doctor, there is not a pill manufactured by any firm which is not made according to some "patent" process, or mixed in some secret manner. The method of mixing, the proportion and composition of excipient, the coating, the machines used, each has its secret or patent known only to the inventor or owner. Pills are unethical, therefore they must go!

A Wise Conclusion. An exchange says: "The doctors did not amputate the limb of Mr. B. yesterday, but decided to leave it a little longer". Statistics of over ten thousand cases show that in the majority of instances amputation does not materially lengthen a limb!

Bad for Babies. A recent writer in one of our largest exchanges says: "The very worst food for babies is that of a highly bred Jersey cow". Probably true; if the cow had to be taken in Esquimaux style, entire and at one sitting.

Hair Tonic. A man recently sued a company for selling him a number of bottles of hair tonic "warranted to bring out the hair". In his papers the plaintiff says he was only partly bald when he began to use the tonic, and now he has not a single hair on his head. The defendants put in the plea that this is what they warranted to do: "To make the hair come out".

All having business with the Secretary of the Medical Society will find Dr. Adams in his new quarters, No. 1, Dupont Circle;and ffne quarters they are,too.

"Food" for April appears under a new name. It will hereafter be known as "The Journal of Practical Medicine". The May number contains five original communications. The June number will contain the paper recently read before the Medical Society of this city by Dr. Andrew H. Smith, of New York.

We are telling news all will be pleased to hear, when we state that both Drs. Busey and Thompson are recovering. It is expected that Dr. Busey will soon be able to leave his bed, after his enforced rest from a fractured hip. Dr. Thompson is doing well, but it must be many weeks before there is anything like a complete recovery. Such escapes are too narrow to be at all comfortable.

At the recent annual meeting of the Medical Association of the District, the following officers were elected: President, C. H. A. Kleinschmidt; vice presidents, J. D. Morgan, S. S. Adams; secretary, J. R. Wellington; treasurer, H. M. Deeble; counsellors, Drs. Cook, McLain, Acker, Yarnell, Leech, Ober, Holden, Stone and Kober; censors, Drs. Woodward, McLaughlin and Mayfield.

The following were elected delegates to the American Medical Association: Drs. Adams, Acker, Ballock, Bovee, Bryan, Busey, Carr, Chappell, Cook, J. Eliot, Franzoni, Fry, Barker, Heiberger, Hill Holden, J. Taber Johnson, W. W. Johnston, Kerr, A. F. A. King. Kleinschmidt, Kober: Lamb, Magruder, Mayfield, McLain, McLaughlin, E. L. Morgan, J. D. Morgan, Nash, Ober, Pool, Richardson, Smith, I. S. Stone, J. M. Toner and Woodward.

HOSPITAL WORK SINCE MARCH 15TH.

BY J. A. STOUTENBURGH, M. D.

EMERGENCY HOSPITAL.

SERVICE OF DR. JAS. KERR. Theirsch's skin grafting. Cæliotomy for appendicitis, appendix removed. Estlander's operation; ribs removed from eighth to second and from cartilage to near arch. Tenotomy, and extension for old adhesions knee joint. Excision glands of neck, tubercular. Operation on cervical glands, Otis's method. Trephining for (suspected) cortical tumor. Tracheotomy, because of explosion of dynamite in mouth. Amputation of fingers. Trephining and elevation for depressed and fissured fracture of skull. Excision osteo-sarcoma from lumbar region. Laparotomy for gunshot wound of abdomen; interstitial suture for eight wounds of gut and three of mesentery. Three cases of transfusion for shock and hemorrhage.

SERVICE OF DR. SWAN M. BURNETT. Two operations for cataract.

GARFIELD HOSPITAL.

SERVICE OF DR. A. A. SNYDER. Whitehead's operation for hemorrhoids. Amputation of breast, with removal of axillary glands, carcinoma(?). Enucleation of femoral glands. Incision and drainage of abscess of face. Paracentisis abdominalis. Urethrotomy, internal. Reduction posterior dislocation humerus. Incision and drainage ischio-rectal abscess. Nephrorrhaphy, for floating kidney. Nephrorrhaphy for floating kidney, complicating pregnancy.

COLUMBIA HOSPITAL.

SERVICE OF DR. J. W. BOVEE. Three laparotomies. Double tubo-ovarian abscess. Tubal pregnancy, ruptured; with septic endometritis and pyosalpinx on the opposite side. Tubo-pelvic abscess and pyosalpinx. Anterior and posterior colporrhaphy, for cystocele and rectocele.

SERVICE OF DR. I. S. STONE. Two cases of perineorrhaphy. Five laparotomis; two double salpingitis and cystic ovaries; one double pyosalpinx; one double pyosalpinx and dermoid cyst; one double pyosalpinx and septic metritis-intra-abscess. Intra-uterine polyps, removed. Curettage for septic metritis. Lumbar cœliotomy for perinephritic abscess.

PROVIDENCE HOSPITAL.

SERVICE OF DR. J. WESLEY BOVEE. Five laparotomies; one double pyosalpinx and ovarian abscess; one double pyosalpinx and double ovarian abscess; one ventral hernia and broad ligament cyst; one osteo-chondro-sarcoma(?), of the broad ligament; one tubo-ovario-colic abscess. Two trachelorrhaphies with curettage. One trachelorrhaphy with curettage and perineorrhaphy. LeFort's operation, closure of vagina.

Something New.

No matter how enterprising Americans may be they often fall far behind the French in producing genuine sensations even in therapeutics. For stomach diseases, associated with loss of appetite, etc., a bath at a very low temperature is prescribed. Here comes in the value of experimentol therapeutics! The experimenter took a number of dogs and plunged them into a tank of water at a temperature many degrees below zero and kept them there for some time. When they emerged he noted that they were ravenously hungry. Not having an appetite himself it occurred to him that this might give him one. So it appears he jumped into the cold tank himself. He found that after a short stay in these delightful surroundings he also became ravenously hungry. After ten such treatments he found his dyspepsia cured and he was as hungry as when a boy. We recommend these suggestions especially to those members of the profession who are inclined to talk all the time of what occurs "abroad" and of what wonderful things are done outside our own country!

PROCEEDINGS OF MEDICAL SOCIETY OF D. C.

Concluding discussion on Primitive Trephining in Peru.

Prof. McGee, in closing the discussion, thanked those who had taken part in the debate and so contributed to his information, as well as all the members of the Society for the attention with which they had heard him. He expressed his pleasure at finding that the opinions of those who had discussed the subject agreed so closely with his own. Referring to one point in Dr. McCormick's remarks he expressed a doubt whether an Indian would attribute his injury to the malign influence of a specific spirit. He hesitated to credit the Indian with the possession of any definite abstract idea of spirit comparing with that of the civilized man; it was simply something good. It was indefinite and was not the idea of a spirit.

Referring to Dr. McCormick's denial of any surgical motive among the Peruvians in performing trephining, Prof. McGee emphasized the qualification he had make of this statement in his address. He insisted, however, that the operation was adaptively surgical, that is, that it was surgical in its results if not by design. There was only a slight difference in definition, but not in understanding, between Dr. McCormick and himself.

Cancer of the Ovary.

At the meeting of the Medical Society for February, 13, Dr. I. S. Stone reported a case of Cancer of the Ovary.

DISCUSSION BY DR. JOSEPH TABER JOHNSON.

One of the most interesting features in the case presented by Dr. Stone is that the patient is said to have had a serious disease of the liver and a serious affection of the heart which would prevent her from taking ether for an operation, yet these conditions were actually improved by the removal of a cancerous ovary. It was very kind and very generous of Dr. Stone to say that she had been in the hands of good physicians and had been wisely treated before she came under his care, but it was difficult for him to see how he could say that her former treatment was wise, when the patient had been tapped eighteen times, thus committing that surgical crime against which the journals were now saying so much. Dr. Stone had showed by his operation that the woman could have been relieved months before, without subjecting her to those frequent tappings. He could not give any certain explanation of the large amount of ascitic fluid in the case of this patient, but he had observed that where there was a cancerous condition present it was common to find a large collection of ascitic fluid. So true was this that in cases of ascites associated with abdominal tumors we might have well grounded fears that the condition would turn out to be cancerous. Before Ashby wrote his article on the subject, Thomas had written a paper advocating exploratory operations in cases of ascites. He gave, as a possible explanation of the collection of ascitic fluid in this case, the irritation of the peritoneum set up by this growth where it came in contact. How long it had been going on he was unable to say, but he thought it fair to assume that the tumor was the cause of all her symptoms, and that they could have been relieved months before by the operation which Dr. Stone finally performed.

The President inquired of Dr. Stone at what stage of the disease the diagnosis of ovarian tumor was made.

Dr. Stone replied that the presence of a tumor was diagnosed about eight months before the operation, but it was at first supposed to be a fibroid.

The President:—A number of tappings were made after the diagnosis of a tumor?

Dr. Stone replied in the affirmative. He thanked Dr. Johnson for his explanation of the dropsical symptom, and repeated his declaration that the patient's preliminary treatment was all that could have been desired.

The President:—What is the condition of her liver now?

Dr. Stone:—As far as can be told its present condition is satisfactory. She rallied quickly from the operation and immediately began to improve; and in a

short time she had gained forty pounds.

The President:—It was not a hypertrophic cirrhosis then?

Dr. Stone:—No.

Kinetic Therapeutics in Gynecology.

At the meeting of the Medical Society for Feb. 13, Dr. Sofie A. Nordhoff read a paper on the above subject.

The method to which the author called attention is better known as the Brandt method. An account of the early life of Brandt was given and how he discovered his method of treatment. As soon as his success was known he had over one hundred patient a day, many of them having been given up as incurable by gynecologists. Brandt did not have a medical education and knew little of medical ethics; therefore, he soon found himself ridiculed by the profession. His publications were somewhat in the nature of so-called quackish literature also. Thirty-eight years passed from the date of his first work before he received the recognition from the profession he so well deserved. Having successfully treated the wife of a wealthy merchant, the husband succeeded in getting a physician in Vienna interested in the methods imployed. Thus it came about that later Brandt was invited to Stockholm and in a short time the most skillful gynecologists were his pupils. The author then described the indications for the Kinetic therapeutics and also the contra-indications. Then a full description was given of the treatment itself, as the author learned it on her visit at Stockholm. Brandt is now 77 years of age, aud his many years of bitter disappointment, his criticism and antagnism would have utterly discouraged all who had not the consciousness that they were in the right.

DISCUSSION BY DR. J. FOSTER SCOTT.

So far as he knew this was the first paper which had been brought out here on this subject, and he thought it one peculiarly worthy of the deepest consideration. There were two classes of gynecologists: one who resorted chiefly to operations, and the other class who did not operate at all but resorted to the old time treatment of vaginal douches, medicated tampons, applications of iodine, etc., and it seemed to him that the Brandt method might fill the gap between these two classes. It was not intended to supersede entirely the present methods of treatment: it would not interfere at all with legitimate operations, and war not applicable to pus cases, fibroid tumors or extreme prolapsus. While it was not opposed to good surgery, yet he thought it would do away with a great deal of bad surgery, a phase through which it appeared the profession was now passing. We had all seen quantities of cases of retro—and antero-displacements of the uterus, old adhesions and bands of exudates, incontinence of urine and great constipation,—conditions which had been the bugbear of the physician, and which we could do very little to relieve by our treatment. The rationality of massage in such cases appealed to him very strongly. As the paper showed, if massage could relieve the single symptom of constipation, it would do a great deal towards removing the lymphatic and venous engorgement of the pelvis, and there was no doubt that massage of the abdomen would relieve constipation. Fifteen minutes or half an hour spent every day in pelvic massage would relieve this engorged condition of the pelvis, for experiment had shown that massage does actually increase the rapidity of the lymph stream. Moreover, this more healthy condition of the lymphatic circulation would last for hours, improve nutrition and bring about a favorable change relieving the stagnation of blood and lymph, and this thing alone daily would unquestionably relieve constipation. Brandt's method, by that mechanical irritation, would promote the course of those fluids, and in that way would absorb exudates when there was no pus, and by stretching the bands and adhesions could give the uterus a satisfactory amount of mobility and relieve the bladder of incontinence of urine.

In addition to the purely passive movements of Brandt, the author of the method lays the greatest stress upon the voluntary movements of the patients. (Dr. Scott then described briefly some of the active gymnastic movements which patients were instructed to make.)

Another point in favor of the method was that it led to greater skill in diagnosis without the use of anesthetics, the treatment itself producing a local anesthesia of sensitive parts. In the best hospitals in the country to-day, under existing methods of treatment, women were frequently anesthetized for the purpose of making a diagnosis.

He admitted that Brandt's method had its limitations, and he did not advise anybody to take it up without making a special study of it, for if that were done we would become humbugs and the operation might become indelicate.

DISCUSSION BY DR. JOSEPH TABER JOHNSON.

He had never practiced this method in its detail and if he followed Dr. Scott's advise he never would, so what he should say on the subject might have very little value. From what Dr. Scott had said it appeared that an accurate knowledge of anatomy and physiology were necessary, and it was difficult to understand how this man, who signed himself a sergeant in the Scandinavian army, etc., could have had all this anatomical and physiological knowledge. Everyone acknowledged the good effects of general massage, and if it did good in these local difficulties it was by the general toning up, reacting upon the local trouble. The great necessity in gynecology was a more accurate diagnosis in order that more harm than good might not be done. He feared that by this treatment with unskilled hands cases of tubal pregnancy, dermoid cyst, tubal cysts, etc., would be injured to such an extent as to prove fatal from loss of blood, peritonitis or shock.

The practice of massage for the conditions named seemed to have many contradictions about it. For instance, it was difficult for him to understand how the same treatment was going to cure amenorrhoea and menorrhagia, two opposite conditions, one of which consisted in an entire absence of the menstrual flow and the other in too profuse a flow. Nor did he believe that pelvic massage could relieve those cases of dysmonorrhœa where there is some obstruction to the menstrual flow, an obstruction which does not exist in the pelvis nor in any masses around the cervix but from a narrowing of the cervix itself. Such cases could only be relieved by dilatation. How massage was going to relieve this it was difficult for him to see. It was doubtful if it would be safe to allow the medical students who attend our dispensaries to practice this method of manipulation, as Brandt did, for fear that it would produce the very conditions it aimed to cure, for unless this method of treatment was hedged around with a great many proprieties it might degenerate into a kind of refined method of masturbation. Joseph Price states that this method of manipulation has resulted in teaching young women, who formerly knew nothing of this dangerous vice, to practice the habit of masturbation to their moral and physical detriment.

But while he had said so much in opposition to the universal value of the Brandt method, he desired to say something, theoretically, about the good that might follow from it. While he had practiced uterine massage to some extent he had never applied it to the extent mentioned by the author. Where there have been exudates and sensitive areas on either side of the uterus, and in neuralgic conditions where there appeared to be nothing really wrong, and where there are certain reflex conditions which bothered the patient and family and physician, well directed manipulation might relieve the tender spots and improve the circulation. We all knew that in sprained ankles, when the ankle was too sore to bear the slightest touch, gentle stroking near the place and finally over the ankle would finally render the parts more tolerant, so that stronger pressure could be made and the circulation induced to take up localized collections of blood.

He did not believe, however, that this method was such a difficult thing to learn, or that anyone of average intelligence could not practice it, if he wished, without making a trip to Stockholm to learn it; perhaps not to the whole range of Swedish movements, but to the extent of lifting the uterus and of those rotatory movements with one or two fingers in the vagina pressing up the uterus, and the other hand on the abdomen pressing the uterus down so that it could be gen-

tly manipulated between the two opposing hands. Such movements, while sometimes painful at first, afterwards became less so. It might turn out, indeed, that some of these conditions named might be relieved in this way, but he could not endorse the statement that intelligent operators were now, or ever had been, ruthlessly sacrificing organs which could be so easily and beautifully cured by this method. Moreover, he did not believe that uneducated persons could succeed so much better in the treatment of these cases than men who had studied them for years and knew all that was known about them, and he declared that surgeons who were also anatomists and physiologists were better able to decide as to what should be done than those who knew nothing about it.

He mentioned the cases of the so-called bone setters, who had such a run at one time, and who knew nothing about bones, not even their names, though they were supposed to have great skill in setting them, as an instance of the credulity of the masses. Even at the present day there were persons in this very city who claimed to perform wonderful cures without the "dreadful speculum" or the still more dreaded knife, simply by the laying on of hands. He thought that this method of Brandt was likely to do considerable good, but it would not take the place of surgical operations or the use of tampons or local applications or the curette in fungous endometritis, but it was a system which broad minded physicians would take the best features of and discard the rest. Combined with appropriate drugs, exercise, diet and hygiene, it might finally produce results in bringing about cures which would not have been possible without pelvic massage. He had spoken as he did because he could not rest easy under the imputation cast upon operative gynecologists who were said to so ruthlessly fill their ash barrels with the essential organs of mutilited women.

DISCUSSION BY DR. J. FOSTER SCOTT.

In his opening discussion he had purposely avoided any mention of the subject of masturbation because he had hoped that it would not be brought up and because it was an unpleasant subject to discuss. But since Dr. Johnson had broached the subject he wished to say for the instruction of those who might speak afterwards that the utmost precautions were taken by Brandt and his followers to guard against that evil. The finger in the vagina was pressed well against the posterior wall carefully avoiding the clitoris, and this finger was kept perfectly quiet, the outside hand doing all the work while the inside finger pressed up the uterus and steadied it. This method was now used by many of the leading gynecologists of Europe, and was it supposed that they would sanction this practice if there were any considerable number of cases that were led to the practice of masturbation?

The President then invited Dr. John B. Hamilton, of Chicago, formerly Surgeon General of the Marine Hospital service, to address the Society.

DISCUSSION BY DR. JOHN B. HAMILTON.

He certainly had not expected to take part in any discussion when he came to the Society, but he was glad to see the faces of old friends about him and to learn that he was still carried on the rolls as a member of the Society. He was very much interested in the paper of Dr. Nordhoff. It was one of great historical interest because the subject was one of important discussion at the present time, there having been quite a number of papers on the subject recently, and this paper would bring forward the history of this new-old method of treatment. He was glad to see that Dr. Nordhoff had laid so much stress on the importance of the nervous system in pelvic disease, because it seemed to him that the pendulum was swinging backward in the direction of the nervous system in the treatment of disease. In the latest text books on surgery great attention was given to the nervous system. Dr. Robinson of Chicago had shown by very careful dissection of the pelvic ganglia the important bearing which they had on pelvic disease, and his writings had given much prominence to the renewed study of the nervous origin of pelvic disease.

That massage had a place in therapeutics there could be no doubt, but that it had its limitations there was no question.

He did not believe that strong fibrous bands in the pelvis could be relieved by the manipulations of Brandt, so, as we also excluded pus and other really serious symptoms, it seemed to him that its usefulness was practically limited to nervous disorders and lymphatic obstruction. If we limited it to these conditions we would find its usefulness very materially circumscribed. He could not agree with the light stress laid on its usefulness in cases of retroversion of the uterus, for he had often seen retroversions the cause of constipation when the uterus was so firmly bound down that ordinary movements could not relieve it. Even in such cases massage would relieve the fixation if done early enough. The other statement in regard to the dangers and inutility of ventral fixation for retroversion he could not subscribe to, as he doubted if there were ever any serious results following the operation. There was no particular difficulty about the operation and no particular doubt of its good results. The only objection that could be stated against ventral fixation, which he thought was a better term, was that the uterus might sometimes become detached from its fastenings. In one case in his own practice, where there was a very considerable amount of retroversion leading to chronic constipation, the patient was very much benefitted by such an operation.

Everybody could not become a good masseur or masseuse, however by supplying them with all the apparatus used by Brandt. One might as well fill a room with all kinds of musical instruments and expect us to become accomplished musicians simply by being in contact with them. There was a gentle touch and a skillful touch born with some people which others could not acquire by years of study. Nobody could confuse the skillful touch of a proficient masseur with the rough touch of an inexperienced one.

DISCUSSION BY DR. W. W. JOHNSTON.

He expressed his pleasure at the literary merits of Dr. Nordhoff's paper, but as he listened his greatest pleasure came from the hope which it held out for some new method of treatment for this class of cases. There was a large sentiment in the profession against operative gynecol ogy. The great danger was that the young man who was studying gynecology was taught that there was no gynecology but operative gynecology, and his skill as a gynecologist was to be rated by his expertness as an operator. Gynecology was the science of the diseases of wemen, and operative gynecology was only a small part of it, and we should not think that all a woman's trouble lies in her pelvis. A young man who wished to become a gynecologist should be taught that woman differs from man, and not taught simply that she is a creature with a pelvis. The paper in drawing attention to the possibility of other methods of treatment than those purely operative could not but have a favorable effect upon gynecological practice.

He could not look upon Battey's operation with approval. It was an operation which took away from a woman all her womanly qualities, and if it was true that this method would give the death blow to Battey's operation the whole profession would cry "hurrah". Battey's operation was one which had been done more often than was at all necessary.

This paper opened up an entirely new subject, so far as this Society was concerned, and we could only base our views of Brandt's method upon repute, yet we should not look upon it as an entirely untried method of treatment, but as one deserving our most serious consideration, and we should encourage our young men to learn this system and encourage them in pursuing its rationale.

DISCUSSION BY DR. FRANCIS B. BISHOP.

The subject of kinetic therapeutics was of intense interest to him, for he had been using the kindred method to massage,—electricity,—for a number of years, and after the surgeons had got through with patients without doing them any good they had often gone to him and he had relieved them. Dr. Johnson had spoken in condemnation of treating amenorrhœa and menorrhagia by the same method and was unable to understand how the same treatment could cure opposite diseases, but he (Dr. Bishop) thought they could be cured by the same treatment when they

were due to the same cause,—a poor condition of the nerve supply of the pelvic organs. All cases of dysmenorrhœa were not due to stenosis of the cervix. He had found many due to undeveloped uteri, and these, as well as many cases due to stenosis, he had relieved by electrolysis. In very many cases where the uterus was bound down by adhesions he had very often been able to relieve them by the galvanic current and the use of the galvanic douche and afterwards by the Faradic current, with short large wire, and slow interruption. The woman was put into the Sims position, and one electrode being introduced a short way into the cervix, with a bifurcated cord, two surface electrodes are placed on either side on the abdomen, the current was turned on for about five minutes to the tolerance of the patient: and when she could use it every day her chance of being cured was so much better, and he had yet to see any bad results from this treatment. After a few months of such treatment the uterus would return to its normal size and position. In regard to the charge that pus tube sometimes burst under this treatment, he admitted that this might sometimes be the case, but he had never had the misfortune of having this accident happen to him. It was also said that an electrician might make a mistake in the diagnosis of pus tubes, but did the surgeon never make a mistake in regard to pus tubes? He had had a patient who had been seen by a skillful gynecologist who told her she must go to the hospital and have her tubes removed. He (Dr. Bishop) had told her the same thing because he had faith in the gynecologist's diagnosis and good judgment, but the woman refused to go, and instead came to his office to be treated by electricity, and she became entirely well, gaining forty pounds, and keeping her tubes. Dr. Johnson had said that after patients had undergone the kinetic treatment they often went to the surgeon for relief. This might sometimes be so, but he knew that no woman ever went to a masseur or electrician after coming from a gynecologist for there was very little left to treat.

Among virgins who would not submit to local treatment it was sometimes remarkable to see the good done from a general toning up of the system by electricity. He had often found, also, that when the periods were accompanied by severe pain, or where they had been delayed for a considerable time, that after a general treatment by electricity running over several months these cases would do very well, though they might not be entirely cured. He was glad the paper had come up, and he thought Dr. Nordhoff deserved great praise for the able way in which she had presented the subject.

DISCUSSION BY DR. JOSEPH TABER JOHNSON.

Since Dr. Bishop had done him the honor to refer to his remarks, he wished to add that the gynecologist was a broad minded man who made use of all methods of treatment, electricity, massage, etc., but after patients had exhausted their purses and the patience of themselves and their relatives in efforts to obtain relief from electricity, drugs and massage they finally came to the surgeon and were cured. He himself had used electricity in proper cases, and he had relieved many patients in this way. Many he had failed to cure except by operation.

DISCUSSION BY DR. FRANCIS B. BISHOP.

He did not wish to do Dr. Johnson an injustice, and he did not mean to say that there were not a great many cases which should go to the surgeon, nor that the electrician cured all his cases, but he did say that the electrician should be thoroughly versed in that branch and should make a specialty of it. A man could not be a good surgeon, a good masseur and a good electrician at the same time, for any one of these things would give him enough to attend to.

DISCUSSION BY DR. I. S. STONE.

Dr. Stone endorsed a great many points in Dr. Nordhoff's paper. He thought remarkable skill was probably required for all the details of the treatment as Brandt practised it, but general massage did not require such skill, else he could not have taught so many women to use it. He thought any member of this Society could learn to use massage as taught by Weir Mitchell and

others. He thought that every gynecologist who had surgical proclivities was able to do Battey's operation successfully; but the operation was seldom practiced by surgeons generally. He denied that gynecologists were always so desirous of operating, and stated that he had repeatedly refused to operate on cases which had been sent to him for operation by general practitioners as they could be cured by other methods. Gynecologists did not operate on all cases that came to them, and were perfectly capable of combining the different forms of treatment, as massage and electricity. He agreed with Goodell that many cases of pelvic disease could be treated successfully by massage, not of the pelvic organs, but by general massage. He believed, however, that a careful study of the sympathetic ganglia, as so strongly brought out in Dr. Nordhoff's paper, would be a very great aid in the treatment of pelvic disease.

Oxalate of Lime in Urine.

At the meeting of the Society for Feb. 27, Dr. S. O. Richey read a paper on the Significance of Oxalate Lime in the Urine.

Dr. Richey said that the case which he had recorded had been under the care of some of his colleagues, and when the attack of splenitis supervened upon the administration of nitro-muriatic acid it had been suggested that it had better not be used again. The following formula was then substituted for the treatment by nitro-muriatic acid: R. Salicylate of Soda ounces i; Aromatic spirits of ammonia ounces i;fluid extract taraxacum ad ounces iv. Sig. One teaspoonful to be taken two or three times a day. As relief had been obtained from the combination the different ingredients had not been tried separately, though the ammonia might have had the same result if used alone. This combination had been tried in a number of other cases, and it had always had the same good effect. He had noticed that this condition occurred most frequently among women, who often hesitated to express their sufferings, but it was apparent in their faces, and these had all expressed the relief obtained by the use of the above formula.

Cerebral Syphilis.

At the same meeting, Dr. Henry A. Robbins read a paper on Cerebral Syphilis.

discussion by dr. goodall.

Dr. Goodall asked whether there was any point by which the coma of cerebral syphilis could be distinguished from the coma arising from other causes. He had had several such cases. In one the diagnosis was easy for there was the characteristic eruption, but in the other case the diagnosis was more difficult. The patient was brought into the hospital unconscious and without any eruption, and he had made the diagnosis of syphilitic coma because he could find no other cause for it. If there was any peculiarity about it, however, he should like to know.

discussion by dr. c. r. dufour.

Dr. C. R. Dufour related the case of a young woman who was referred to him on account of severe headaches continuing day and night and extending over a period of several months. The trouble was supposed to be in the eyes, and he examined them under a midriatic and found them emmetropic,—practically perfect eyes. He afterwards examined the muscles and found them also normal; in every respect her eyes were all right. In making the examinations he found the remains of a facial paralysis, and there was still slight inability to close her eye, and the face was a little distorted when she was speaking. The headaches continued in spite of all treatment, though he could get no specific history. He gave her a saturated solution of Iodide of Potassium, with 40 or 45 grains three times a day. Shortly after beginning this treatment her headaches became better. He kept her on this until an eruption broke out, when he reduced the quantity of potassium iodide. She is now taking ten grains three times a day, and the headaches have ceased. He was inclined to think that they came from a specific cause.

discussion by dr. j. h. mc cormick.

Dr. McCormick had seen two analogous cases. One was a colored boy who

came under his care for hereditary syphilis a few days ago. Whether there was acquired syphilis as well it was difficult to determine, for the patient was an illiterate colored boy. The father had also come under his care for syphilis before the birth of the boy, so there could be no doubt of the hereditary character of the disease; besides the other children had it also.

Another case came under his notice two years ago which was interesting from a medic-legal point of view. The diagnosis of syphilis gummata was made post mortem: and then the question arose whether he had been competent to make a will. That he had syphilitic melancholia when the will was made there could be no doubt, but the other question was still undecided.

He was surprised that Dr. Robbins had quoted so extensively from English authorities, when the Germans and Austrians were so much further advanced. Very many ot the Germans coming to this country were subjects of syphilis, and the disease was also very prevalent among the negroes; which accounted for the fact that so many of their children were idiots or imbeciles.

DISCUSSION BY DR. W. W. JOHNSTON.

Dr. Johnston said:—An interesting thing in connection with this paper was the question as to how common syphilis was, and how often the nervous manifestations which Dr. Robbins had described were due to syphilis. It seemed to him that syphilis itself, with all of its manifestations, was an extremely rare disease, and in an average practice the physician very rarely met with syphilis at the present time. Years ago he saw very many more cases of constitutional syphilis than now, and he believed the disease was becoming more and more rare. Accidental transmission of syphilis to women and children was also becoming correspondingly rare, and we did not now see the marked forms of syphilis as commonly as we once did. If a man would look back over his records of practice for ten years he would probably not find half a dozen cases of syphilis in its grave forms unless he made a specialty of the disease or was attached to the Dispensaries. The question arose whether this numbness in the extremities, the temporary paralysis, headaches and these other obscure nervous phenomena were due to syphilis. Of the two papers read to-night, but dealing with obscure nervous symptoms, Dr. Richey's came nearer to the true solution, he thought, than that of Dr. Robbins. We frequently saw all kinds of nervous phenomena, hypochondriasis, headaches, numbness in the extremities, etc., which were due to nothing but nutritive disturbances associated with an undue excretion of uric acid in the urine. In working it out from year to year, he declared, experience would lead us to the conclusion that the gouty diathesis, in upwards of 40 years of age, would be the cause of all such nervous symptoms, and that syphilis would be very rarely the cause, and that the treatment indicated was not iodide of potassium, but a dietetic treatment directed to the digestion and the blood.

The case recorded by Dr. Robbins reminded him of a similar one which he reported to the Society fifteen years ago. In this case, too, the boy, aged 12 years, underwent an early development of sexual power. There was no syphilis in any branch of his family. When twelve years of age he underwent marked sexual development; the hair appeared on his pubes; a moustache grew on his lip and he began running after all the girls in the neighborhood so that he had to be watched. In three months he grew from childhood into manhood, sexually. Death was due to the sudden development of meningitis.

Dr. George N. Acker reminded Dr. Johnston that he had performed the autopsy on the boy, and that he was only eight or nine years old. Several other members also remembered the case and corroborated Dr. Acker.

Dr. Johnston accepted the correction, and stated that at the autopsy a tumor, —a neuroma,—was discovered between the lobes of the cerebellum, with acute meningitis.

Referring to syphiliss as a cause of endarteritis, he said that he believed endarteritis, to be a disease of advanced life, and that it more often existed with the gouty diathesis than with syphilis.

Therefore, he thought that practitioners should look upon lithæmia and gout much more as a cause of obscure nervous symptoms than syphilis, and treat them as such.

DISCUSSION BY DR. G. WYTHE COOK.

In confirmation of Dr. Johnston's statement that obscure nervous or brain symptoms were often due to other causes than syphilis, he related the case of a man who had consulted him for severe cephalgia. He stated that he had had syphilis, so he was put on large doses of potassium iodide, but without obtaining relief from the symptoms. Mercurial inunctions were also used without result. Opiates had to be given at night to relieve pain. Finally he was put upon salicylate of soda, when he promptly recovered.

DISCUSSION BY DR. PHILIP S. ROY.

Dr. Roy stated that it was seldom that cases of imbecility were due to inherited syphilis, and the explanation given by Savage was that so mang syphilitic women habitually aborted, and that consequently an immense number of the children of syphilitic parents were born dead. If more of these children were born alive it was probable that there would be more cases of disease of the brain due to inherited syphilis. For this reason Savage says that the disease rarely causes imbecility.

Dr. Robbins, in closing the discussion, said that in the coma of syphilis the patient appeared to be half awake and half asleep,

Syphilis might be a very rare disease among the class of patients among whom Dr. Johnston practiced,—the upper class,—but among the lower classes it was as common as ever. Everybody could not take the iodide of potassium, however, and he recalled the case of a man whom the doctors suspected of having syphilis and administered iodide of potassium, which made him a raving maniac, so that the treatment had to be stopped.

A Sprain or a Break.

There is a popular opinion that a sprain is worse than a break, but Dr. Bradford writes to the Boston Medical and Surgical Journal that this is an opinion which is based upon an over-cautious treatment of sprains and is without justification. At most a sprain is a tear or a rupture of some of the fibers of certain ligaments, which unites readily. We should employ fixation by apparatus only to stop pain for a short time after a severe sprain. In the early stages motion within a pain limit is harmless and in the latter stages motion and use should be allowed up to the point of pain. If the patient is hypersensitive it may be necessary even to go beyond the point of pain. Compression is advisable for a short time during the period of effusion but after that it becomes injurious. Applications of heat and cold and rubbing are needed from the very first, as well as during the whole treatment. When it is possible to use the limb, through absence of pain, it is a natural means of improving the circulation and nutrition.

Just as we go to press we are in receipt of a copy of "Personal Reminiscenses", by Dr. Samuel C. Busey, of this city. A review of this interesting volume will appear in our next issue.

ANATOMICAL ACCIDENTS.

He kissed her passionately upon her reappearance.—Jefferson Souvenir.

She whipped him upon his return.—Burlington Hawkeye.

He kissed her back.—Atlanta Constitution.

She seated herself upon his entering.—Albia Democrat.

We thought she sat down upon her being asked.—Saturday Gossip.

She fainted upon his departure.—Lynn Union.

He kicked the tramp upon his sitting down.—American Pharmacist.

We feel compelled to refer to the poor woman who was shot in the oil regions.—Medical World.

Do not forget the sad case of Mr. Bodkins, who was accidentally shot in his bottling works.

THERAPEUTIC NOTES.

"Pil. Peristaltic", is the name of a new pill recently added to the list of Wm. R. Warner & Co. It is a small gelatine-coated pill, perfectly soluble. It is composed of aloin, one-fourth grain; ext. bellad., one eighth grain; strychnin, one-sixth grain; and ipecac one-sixteenth grain. These will be sent by mail, or they can be procured of your druggist. Price, forty cents per hundred.

It seemed almost like an "untoward effect", so surprised were we at the results from administering some tablets of Antikamnia and salol in a case of nervous exhaustion. The patient was a United States Senator, who had brought on his trouble from too close attention to his duties. The "general feeling of discomfort, with great restlessness and inability to sleep" were invariably relieved by one tablet at bedtime. In the meantime, other remedies were set at work; but the harmless comfort derived from the tablets was most pronounced.

Tongaline is now made in tablets, in addition to the liquid form. Tongaline is also combined with lithia in tablet form; also with quinine. The salicylic acid in Tongaline is all made from the pure oil of wintergreen.

Dr. W. S. Corry, of England, writes that he finds Iodia most valuable as a diuretic and far to be preferred to the older mixture of iodide of potassium and sarsaparilla.

Recent experiments have made it certain that the bitter principle of Cascara is not essential for its laxative properties. Taking advantage of this, Frederick Stearns & Co. have prepared an aromatic extract which is most pleasant and effective as well. The bitter is not masked, it is eliminated. Cascara is a most valuable remedy in chronic constipation and dyspepsia.

Dr. Goodger, of Davisburg, Mich., reports a case of intractible eczema cured with Pineoline.

Dr. M. L. Adams, of Olympia, Wash., says that Phytoline is the only remedy that will surely reduce a surplus of flesh. In one patient he reduced the weight twenty-six pounds in four weeks, giving relief also to a great number of uncomfortable symptoms.

Some twelve cases of gastro-intestinal affections in children are reported in a foreign exchange, all treated with Somatose. A large number of other cases are reported showing the high value of this product as a tissue builder. This is clearly shown in the cases of severe vomiting in whooping cough. Somatose was retained when all other foods were vomited. In cases of nursing women with an insufficient supply of milk, Somatose increased the amount, and in a few instances the period of nursing was much prolonged by its use.

Ammonol is a new stimulant antipyretic and analgesic. There is no secret in the composition of this product. It is a ceal-tar product to which has been added ammonia to overcome any possible depressing effects of the former. Thus we have an expectorant, as well. In fact some declare that ammonia is the only true expectorant we have. Sir Benjamin Wood Richardson speaks in the highest terms of this combination. It will certainly answer a most useful purpose, and occupy a field all its own.

Some eight cases of "irritable coughs" are reported in an exchange where the use of Petrojel in small and frequently repeated doses gave both prompt and permanent relief. It is most pleasant to the taste and is readily administered to children, who soon become very fond of it. The petroleum oil is in the form of an emulsion, mixed with concentrated extracts from wheat, oats and barley. It contains the highest per cent. of oil of any emulsion on the market.

Messrs. Wm. R. Warner & Co. have removed their New York branch to the more commodious and convenient quarters No. 52 Maiden Lane. This change became imperative, the space at their former salesroom having at last become inadequate to admit of the proper conduction of their largely increased business

BOOK REVIEWS.

INDEX OF MEDICINE. A Manual for the use of Senior Students and others. By Seymour Taylor, M. D. Member of the Royal College of Physicians. Philadelphia. Lea Brothers & Co. pp 794.

There are many things about this manual which speak in its favor. The author distinctly says it is not a text-book, but rather an aid to the student who finds he has not the time to review the whole subject of medicine just before taking an examination. It is, however, a very complete manual in its way; the most complete we have ever seen. The arrangement of the subjects is one especially desirable. The book is made from notes taken by the author from the lectures of such eminent men as Peacock, Bristowe, Ord, Murchison and others. The field for such a manual is much broader than that embrased by the undergraduate. The busy practitioner will find it a ready help. Brief, accurate, concise, and well arranged it is a convenient office manual.

MANUAL OF SURGICAL ASEPTICS. By Carl Beck, M. D. Visiting Surgeon to St. Mark's Hospital, etc., New York city. With 65 illustrations and 12 full-page plates. Philadelphia. W. B. Saunders: 1895. Price $1.25.

The author is known to many as the Lecturer at the Post Graduate School, in New York, where he gives instruction in the treatment of wounds. It is this same practical teaching which is clearly brought out in the book before us. Iodoform is assigned the first place as an antiseptic drug, and it is thoroughly discussed. We wish we had the space to give a lengthy review of this work; for it strikes us as being one of tke most useful of its kind we have ever seen. While not altogether practical, yet only enough theory is given to make the practical features all the more prominent. The illustrations are nearly all new and very instructive.

THE YEAR BOOK OF TREATMENT for 1895.

This is the eleventh issue of the well-known year book published by Lea Brothers & Co. No matter how busy the doctor may be, he must keep abreast of the times, else, sooner or later, he will surely regret his course. It is the object of the year book to aid him in this with a minimum of trouble on his part. Record is made of all the most note-worthy contributions of the year and thus even the work of selection has been done for us. This is a book we have often had occasion to use and we imagine there are not many libraries without it.

DIET LISTS AND SICK-ROOM DIETARY. By Jerome B. Thomas, M. D. New York. Published by W. B. Saunders, Philadelphia. 1895. Price, $1.50.

This is a new arrangement of things; a book of detachable diet lists for a large number of complaints. The idea is that when the physician has a patient with a certain complaint, he turns to the proper page of this work, detaches the leaf giving the diet, corrects it if he wishes, and then hands the same to the patient or nurse. A system of numbers enables the physician to keep to himself the nature of the patient's disease. It is, in other words, a time-saver, and this is a money-saver.

COD-LIVER OIL AND CHEMISTRY. By F. Peckel Moller, Ph. D. Schieffelin & Co., New York. 1895.

This is a large volume, of over five hundred pages and most handsomely bound. It contains a very interesting account of the cod-liver oil industry; beginning with the land of the midnight sun, with its Lofoten fisheries. The principal part of the work is devoted to an account of the law of atomic linking, diagramatically illustrated. Taken altogether, it is a work of an unusual character and most complete in its way.

THE POPULAR SCIENCE MONTHLY.

This journal for May contains an interesting discussion on the subject of Fear. Dr. Minot, of Harvard, also contributes an interesting paper on the Work of the Naturalist. Herbert Spencer begins a new series of articles on Professional Institutions.

Butter Stop This.

"Buttermilk for Babies" is the title of a paper by Dr. Otterson in the Massachusetts Medical Journal, and the St. Louis Medical and Surgical Journal humorously remarks upon it that, "If the baby has the right kind of a mother, it will not want any but her milk."—Charlotte Med. Journal.

THE
NATIONAL MEDICAL REVIEW.
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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Personal Reminiscences.

The man who writes a book, expecting to please all his readers, will be either greatly disappointed or will not write anything worth the reading. Although personal reminiscences are always of such a character that the relation of facts must be their principle feature, yet there is always opportunity to comment on these facts and draw conclusions from them, according to the writer's own ideas. It is extremely rare for any one to be able to cover a period of forty-six years in the active service of a profession, and still more rare to find a person able to give the results of all these years of observation because of carefully preserved data beginning with the very first year's service. In the "Personal Reminiscences" by Dr. Samuel C. Busey, of this city, we have such a long period as this portrayed to us in a most interesting style. Of all the members of the Medical Society, over two hundred, only three have passed the age of seventy, and but thirteen have reached the age of sixty-five. Of all the deceased members of the society for the past seventy-five years but twenty-eight reached the age of three-score-and-ten. Such facts as these make the Personal Reminiscences of a member, covering nearly a half century of active service of value far exceeding more ordinary events. We form our opinion of a man, as a man, not from some one great thing he has done, but rather from the sum of an innumerable list of occurrences, many of them even trivial in character. Anecdotes, incidents, daily life, and the little deeds done with the right hand which the left knoweth not, these are the items which figure most largely in the formation of a just estimate of the proper place a character should occupy in our esteem. Thus "Personal Reminiscences" open to us a glimpse of the lives of individuals which nothing else could accomplish. Herein is one of their chiefest values. It is the delineations of the character of the deceased members of the profession which makes this volume of such value. Viewed from this light, it must be regarded as a most classical contribution to general literature. The criticisms, if any, will be confined to those portions which relate to the author's opinions concerning questions of priority in advance movements in local affairs, and his ideas of what should constitute disability for admission into the medical society of the district. The former must rest solely upon the testimony produced, while the latter is simply the expression of an opinion which the author has repeatedly given in public. The volume concludes with an interesting bibliography of contributions to medical literature by the

author. These cover some ten pages, with dates from 1869 to 1895.

To Strengthen the Memory. A few years ago we took the system of Loisette, and never regretted it. But it appears there is something better. In a late number of the Homeopathic Advance, Dr. W. J. Guernsey gives the following remedies for "impairment of the memory". Anacardium, especially if he is "inclined to profanity on the slightest provocation". Baryta in cases where the patient is dwarfish in body as well as in mind. Glonoine, "for one who forgets well-known streets and loses his way". Hyoscyamus, "is especially of use when the trouble is the result of unrequited love or jealousy". Medorrhinum, when the weak memory is due to "suppressed gonorrhœa".

The Retirement of Dr. Billings. Only a few months remain before Dr. John S. Billings will be placed on the retired list of the army. When we consider the work he has accomplished for the advancement of medical science, together with the aid he has so often rendered the medical society of this city, by presenting papers and taking part in discussions, coupled with the fact that Washington is his home; it occurs to us that the Medical Society could do nothing more appropriate than to take some official notice of this approaching event, and at once take steps to celebrate it in a manner worthy of the man and the occasion.

Give Due Credit. The Colorado Climatologist says "The New York Medical Times is authority for the statement that the average income of the ten regular physicians having the largest practices in Washington, D. C., is $9,500." Then the Climatologist quotes the whole editorial as it appeared in these columns. We had not noticed this in the New York Times; but we once called attention to the fact that over one-third of the "Items" which made up a whole page of the Times were copied from our New York Journal, without the slightest kind of a credit. It appears from the Climatologist that the Times has now taken our editorial from this journal also. Perhaps the Times needs something of this kind on order to supply the demand for interesting matter from its readers! When the Climatologist wants Washington information, let us suggest that they look elsewhere than to the Times for it. And to the Times,—but it is useless to tell them.

Practical Medicine. This journal, formerly Food, for May contained an article on Hysteria by Dr. J. Thomas Kelley, Jr.: also an article on Prehistoric Trephining by Dr. J. H. McCormick: and some Remarks on Hydrophobia by Dr. Walter Reed, all of this city. There were also three other Original Communications. The June number contains the papers read before the Medical Society of this city, by Drs. Smith, of New York, and Brown, of Alexandria, Va. The July number will contain two papers by Washington physicians, Drs. Bishop and McCormick. Sample copies can be procured free by addressing Practical Medicine, 73 Park Place, New York.

Cannot Use Pills. A subscriber asks what pills we referred to in our last number, under the heading, "Cannot Use Pills". We referred to no pill in particular, and could have used a pump just as well for our illustration. There are some physicians so filled with the idea that no good of any kind can come out of anything which is not fully under the cover of the strictest interpretation of the Code, that they would actually refuse a glass of water if they thought it was drawn by a pump,

the valve of which was patented by a member of the profession!

New Medical Society. Tuesday evening, May 14th, Doctors Marmion, Loring, Fox, Coe, Butler, Richardson and Richey met at the office of Dr. Richey and organized "The Society of Ophthalmology and Otology of Washington City" for the consideration of scientific questions relating to their specialty. The society was incorporated under the above name, and placed upon the Court record May 15th, thus giving it the necessary legal status.

Commencement Days. Letters of Father to Son. No. 1. "My Dear Son. I am so glad to learn that you are starting in your noble profession with the idea that there is something higher and grander than tbe simple procuring of a livelihood. I am glad to see that you appreciate the opportunity which opens before you for doing good, without thought of the sordid gold which so often defiles those who handle it. Let this be your motto: 'He went about doing good' ".

No. 2. (One year later). "My Dear Son. You cannot expect me to give you a thorough education and then supply you with means afterwards. You should now be able to earn your living it seems to me. Have you tried hard to collect some of your bills? I will not see you suffer, you know, but do not let the people get the idea you are going to do their work for nothing. Enclosed you will find a portion of what you request. 'The Laborer is worthy of his hire' ".

Value of Statistics. To illustrate the value of statistics it is only necessary to do a little figuring, based on the recent statements of a German physician, who finds that in the past three hundred years the average life of the physician has been advanced twenty years. In 2200 he will be 76. In 2500 he will be 96; and when the clock strikes for the year 2800 the physicians will be living on the average, to 116 years. Of course a few will reach forty or fifty years beyond this. What a time the Societies will have, listening to "Experiences"!

Scientific Schools. A school has recently been opened in Detroit, called The School of Scientific Horseshoeing. This is equal to the criticism we recently heard passed by one workman on another. "Why," said the first, "he does not understand the first scientific principles of paper-hanging". Better have a school for the scientific shoeing of the human race.

Showers of Gold. May this be the case with the editor of the Buffalo Medical Journal, who now celebrates the semicentennial anniversary of his monthly. If he will only wait until this journal is fifty years of age we will promise him a present suitable to the occasion. As it is we can only congratulate him ahead for the showers of gold he is sure to receive from old subscribers and new.

Exclusive Attention to Business. We are in receipt of a handsomely engraved card announcing that Dr. ——, has just returned to the city. During his absence he has taken some full courses in New York, and "has visited all the eminent —— surgeons of this country and of Europe". This last is enough. There is nothing more to do but collect the bills. Success is assured and the new house might as well be purchased at once. By the way, the editor of this journal once visited the leading laryngologist of the west, and took dinner with him too!

Treatment by Dr. Lee. Some years ago, Dr. Elmer Lee, of Chicago, wrote an article for a journal describing the uses of the peroxide of hy-

drogen in typhoid fever. The advertising agent of the particular brand of peroxide used has kept alive this literature to the present time; until even now, after the rise and fall of a few nations, the article is still going the rounds. Some of the editors must spend a great deal of time dusting off the cobwebs from its face. If this is the only article the proprietors can secure, we would suggest that they hire Bill Nye to write an original one. But let this old one rest in peace; we all know it by heart.

Dresses Nicely and Looks Sweet.

The labored efforts of some journals to make their advertisements attractive, reminds one of the young lady who expressed her preferences for a certain physician of this city because he "always had such lovely perfumery". Castor oil tastes greasy, and quinine is bitter, no matter how gaudily colored the bottle may be which contains them. The sweetest apples we ever ate were picked up from the plowed fields, covered with dust and dirt and pierced with the holes of the stubble. You cannot always accurately judge a singed cat.

Medicine.

This is the name of a new journal which made its first appearance with the April number. It is edited by Dr. Harold N. Moyer, of Chicago, who brings to his aid some dozen or more leading physicians of the west, who edit special departments. It is published by Geo. S. Davis, who is well known to all as a most successful medical publisher; in fact a great success in all he undertakes. The first number of Medicine contains six original articles, and a number of pages of Progress of Medical Science.

The Baltimore Meeting.

The meeting of the Association at Baltimore was well attended and every one appeared to be enjoying everything. The exhibits in the cyclorama building were most interesting and formed no small part of the benefits derived from attendance. The hall in which the general sessions were held was, to our mind, the most complete failure, in an acoustic sense, of anything we have ever known. It was about impossible to hear a word, even when within twenty feet of the platform. Washington was well represented in both the general sessions and in section work.

Electricity in Pelvic Diseases.

At a recent meeting of the Medical and Surgical Society of this city, Dr. F. B. Bishop read a paper on the use of Electricity in female pelvic disorders. Dr. Bishop holds that we have in electricity an agent especially indicated in this large class of diseases. Even in such cases as retroversion, electricity will strengthen the uterine and vaginal tissues as well as the ligaments, and restore nutrition of the parts so that the uterus may be permanently restored to its normal position. Dr. Bishop sets forth the strongest side of the application of this remedial agent and discusses a number of affections in the treatment of which electricity is especially indicated. The paper will appear in full in the July number of Practical Medicine.

Entitled to a Pension.

A medical friend, in the Pension division hands us the following report of a medical examiner: "Treated him Bout Dec 1. 1891 By advice as to the Hygeanic management of his case

I find Clament Suffering from gun shot wound of Rite Sholder producing general disability of the deltoid Muskles. Also the peccoralan Minor and Mager of same Side and luxation of joint and fracter also an old green stick fractur of the Rite clavical at the outer third of the same also one Obleke Brake of the Humerus of middle third and also fractur of Radus at Mide third all of left arm also general disability."

A Recent Coroner's jury decided that "the autopsy revealed that medicines had not been used". It must have been an unusually good topsy!

A Woman Writer in Home and Country begins a poem on Heredity thus: "The strictures are unmerited". It has been our observation that they usually have been merited.

We Have Had a very pleasant visit from the editor of the North American Medical Review, Dr. Wm. C. Boteler, of Kansas City. The doctor has a live paper and one that is not only red on the outside, but also equally read within. Dr. Boteler says, in his journal, that he never endorses an advertised remedy until he has tried, tested and proven it. We wonder if he tries them all on himself, from Viburnum Compound to Antitoxin!

Questions for Debate. Is Medicine a science or an art? Is Medicine a trade or a profession? There will be no difficulty in getting a vast amount of material for either side of each question.

An Exchange Says: "Soak your feet and bind on damp baking soda, when you go to bed. You will find your corns all gone in the morning". But think of the waste of soda. Better use baking powder, then you will rise in the morning easier.

Our readers will be pleased to learn that Dr. Busey is now able to walk with the aid of crutches. Dr. Thompson is at Atlantic City and is slowly recovering from his severe illness.

The many friends of Dr. A. L. Hummel were busy with handshaking, at Baltimore, welcoming him home again from his enforced rest for some months in the far west. We doubt if there was another man at the meeting who had so many congratulations on his good looks; while it is certainly true that he outnumbered them all in the number of hand grasps.

Under the efficient care of Dr. Stoutenburgh, the reports of Hospital work done in this city make a most valuable addition to our columns. It is a great surprise to a very large number to see the amount and character of this work. In fact, probably but few had any idea of what was going on in this line before it was set forth in this journal. It is our purpose to make these reports more and more complete. To accomplish this, we must have the careful and earnest co-operation of those having this work in charge.

At the annual meeting of the American Pediatric Society, held at the Virginia Hot Springs, May, 27, 28 and 29, the following resolution was unanimously adopted:

Resolved, that in the opinion of this society, the evidence thus far produced regarding the effects of the antitoxin of diphtheria justifies its further and extensive trial.

In the Journal of Obstetrics for April is an article by Dr. G. Wythe Cook, of this city, on the Relation of Chorea and Rheumatism in Children. Dr. Cook reports two cases which tend to show the identity of these affections. The author says that the frequent association of chorea and rheumatism, and the occurrence of heart inflammations in both diseases, tends strongly to prove the iden tity of the cause. One practical point to be derived from this is that all cases of chorea, as well as those of rheumatism, should be treated by as much absolute rest in bed as it is possible to obtain.

HOSPITAL WORK. APRIL 15 TO MAY 15.

BY J. A. STOUTENBURGH, M. D.

COLUMBIA HOSPITAL.

SERVICE OF DR. J. W. BOVEE. Vaginal hysterectomy for carcinoma uteri. Salpingo-oophorectomy double, and curettage for pyosalpinx double, and septic endometritis. Incision and drainage for abscess recto-vaginal septum. Salpingo-oophorectomy double, for tubo-ovarian abscess and pyosalpinx. Salpingo-oophorectomy double, for pyosalpinx double, and ovarian cyst. Exploratory laparotomy for ascites.

SERVICE OF DR. I. S. STONE. Salpingo-oophorectomy, double for fibroma uteri. Supra-vaginal hysterectomy for fibroma uteri, two cases. Salpingo-oophorectomy, double for salpingitis and ovaritis. Vaginal hysterectomy and removal of adnexa for adherent ovarian, and broad ligament cysts. Salpingo-oophorectomy for pyosalpinx and purulent peritonitis. Cholecystotomy for abscess gall-bladder. Salpingo-oophorectomy for salpingitis, ovaritis and ovarian cyst.

GARFIELD HOSPITAL.

SERVICE OF DR. A. A. SNYDER. Incision and drainage Ischio-rectal abscess. Incision face for cellulitis. Unilateral castration for tubercular testicle. Operation on chess wall, empyema. Evacuation and drainage pelvic abscess per vaginam. Trachelorrhaphy and resection vaginal outlet, two cases. Resection vaginal outlet. Epesiotomy. Hystero-myomectomy. Dilatation and curettage. Incision and drainage abscess of face. Paracentisis abdominalis for ascites.

SERVICE OF DR. W. H. WILMER. Plastic operation for entropion. Extraction of lens for cataract. Section ext. rectus for evergent squint.

PROVIDENCE HOSPITAL.

SERVICE OF DR. J. WESLEY BOVEE. Removal per vaginam of large sub-mucous fibroma uteri. Curettage, three cases. Trachelorrhaphy. Evacuation per vaginam of brood ligament cyst. Vaginal hysterectomy for multiple fibromata uteri.

EMERGENCY HOSPITAL.

SERVICE OF DR. JAS. KERR. Theirsch's skin grafting. Trephining for depressed fracture of the skull.

SERVICE OF DR. SWAN M. BURNETT. Iridectomy. Extraction of lens for cataract.

FREEDMEN'S HOSPITAL.

SERVICE OE DR. D. H. WILLIAMS. Gunshot wound, ligation of femoral artery. Amputation of cervix. Abdominal hysterectomy for uterine myoma. Stab wound of neck, ligation of external carotid artery and jugular vein. Amputation of thigh. Varicocele, (radical cure). Tubercular cervical glands. Strangulated hernia. Radical breast operation. Double amputation, both legs. Perinephritic suppuration, (nephrotomy). Abdominal hysterectomy (total extirpation for myo-fibroma). Hernia, (radical cure, Bassini's method). Ligation of saphenous vein for varices and ulcers. Arthrectomy, knee joint. Operation for necrosis of ischium. Tubercular osteo-myelitis, tibia. Abscess, broad ligament. Compound fracture of tibia and fibula. Excision of knee joint.

SERVICE OF DR. E. A. BALLOCH. Curetting for ulcer of rectum. Internal urethrotomy. Excision, submaxillary gland. External perineal urethrotomy. Excision inguiual glands, both sides. Incision and drainage Psoas abscess. Incision and curetting suppurating sinus, left groin. Removal of toes, right foot.

CHILDREN'S HOSPITAL.

SERVICE OF DR. T. E. MCARDLE. Abscess arm, incised and curetted. Three circumcisions. Four, erasion ankle. Erasion hip. Erasion elbow. Four, excision cervical glands. Excision hip joint. Excision condylomata, anus. Laparotomy tubercular peritonitis.

PROCEEDINGS OF MEDICAL SOCIETY OF D. C.

Explanation of Acquired Immunity in Infection.

At the meeting of the Medical Society of this city for March 6, Dr. George M. Sternberg, Surgeon-General, U. S. A., read a paper on the above subject.

DISCUSSION BY DR. D. E. SALMON.

Dr. Salmon said that not being a member of the Society he had not supposed that he would be called upon to speak. He congratulated the Society and the essayist on the success of his efforts. The theory which he had presented of acquired immunity from disease was very plausible, and seemed very clear from the evidence mentioned. But he,—Dr. Salmon,—thought he might as well admit at the start that he was somewhat of a skeptic in regard to some of the modern theories of immunity, and he failed to see the difference between natural and acquired immunity which these theories would lead one to expect. The germicidal action of the blood increased in acquired immunity, and antitoxins might exist in natural immunity. There appeared to be no reason, therefore, for considering a germicide as the predominant factor in the other case. These theories, which are of recent German origin, were very plausible and simple, but they had too much of a chemical flavor for him, and he was inclined to regard the question as a biological one rather than chemical. He did not believe it was possible to explain the whole difference between living and dead tissue by a chemical formula, nor to consider the phenomena of life as a simple chemical reaction. And so in this question of immunity from disease, there was something more than chemical action. The power of resistance of the body to disease resided primarily in the protoplasm of the cells. This resistance had a number of factors: First, There was the tolerance of the protoplasm to the bacterial poisons; Second, There was phagocytosis, the destruction of the germs by the leucocytes; Third, There was the accumulation of germicide substances, the product of the animal protoplasm; Fourth, There was the development of antitoxins, which neutralized the effects of the toxins. The antitoxins were produced in acquired immunity as the result of the action of the toxins on the cells, it was a means by which the protoplasm of the animal protected itself from the bacterial poisons. Antitoxins were also found in naturally immune animals, and it could not be said, therefore, that they were peculiar to acquired immunity. The French had developed the theory of phagocytosis, which he regarded as a most important factor in immunity, either natural or acquired. He did not see how it was possible to explain some of the facts presented in Dr. Sternberg's paper by the doctrine of antitoxins. For instance, take an animal that possessed a natural or acquired immunity to a certain disease, and if you bruised the tissues and inoculated the bruised tissues with virus from which it was immune the animal would become susceptible. How was it possible to explain that susceptibility if it was admitted that there was enough germicidal substance to destroy the germs, or antitoxin in the blood to counteract the poison? So, it was possible to make an immune animal susceptible by adding other bacterial poisons or alkaloids to the virus inoculated, or by simply increasing the dose of virus. On the same principle, some people were more susceptible when in a state of fright or exhaustion than at other times, and he did not see how these facts could be explained by Dr. Sternberg's theory of immunity. There must be some other predominant factor operating, and this was found in phagocytosis. Diapedesis and phagocytosis do not go on with the same activity when an animal is exhausted or shocked, or when it is under the influence of depressing agencies, that is observed when these conditions do not exist. Consequently, while he accepted the facts presented to the Society to-night in Dr. Sternberg's paper, he was not able to accept to the full extent the explanation given. Immunity was to him a more complex subject than it appeared to be to Dr. Sternberg.

Intubation.

At the meeting of the Medical Society for March 20, Dr. Geo. N. Acker read a paper on A Case of Diphtheria with Intubation.

DISCUSSION BY DR. C. W. RICHARDSON.

Dr. Richardson said there were certain objections to tracheotomy and certain objections to intubation, but almost universally in the minds of every one who has done both operations, intubation seems to be the preferable operation in the majority of acute cases. Intubation is done easily, that is by a skilled operator; it is done quickly; it is done practically without pain; and there is no shock attending the operation. The patient continues to breathe through the normal passages and, so far as the work of the surgeon is concerned, it is practically ended. He said the results were about the same in both operations, with a slight advantage in favor of intubation. Dr. Richardson said he had intubated over thirty cases, probably nearly forty, with nine recoveries. Some of these operations had been on practically dying or dead children in whom the vital powers were almost exhausted, and where intubation was only resorted to that the child might have the one remaining chance for life. The nine successful cases passed through uneventful courses and presented nothing of interest except that they recovered. He gave the details of another case which should be called a recovery, for the tube was out of the throat two days when evidences of commencing suppression of urine set in and in thirty-six hours the child died, although so far as results of intubation were concerned the child recovered. All the cases that died, died either from exhaustion, from catarrhal pneumonia or from cardiac causes. There was no further stenosis. In one case the child died because the tube was stopped up with thickened glutenous mucous, preventing the child from breathing; and before he could reach the house to remove the tube the child had ceased to breathe. Although his results had not been as good as those of some other operators yet this probably explained by the severity of most of the cases which were intubated. Most of them were secondary to pharyngeal diphtheria in which the life powers of the child had become exhausted. In speaking of the feeding of intubated children he said it was wonderful how easily some children take milk after the tube is introduced; while in others almost every particle of food gets into the larynx. He thought one of the best methods was to hold the child in the lap with the head depressed backward, and then pouring the food into the mouth, allowing the child to swallow upwards. Another method is to pass a soft rubber catheter through the nasal cavity down into the gullet. The food is poured through this tube into the stomach and the tube withdrawn, and in three or four hours this is repeated. Most of his cases ranged between one and seven years of age; but the most successful age was between six and seven.

DISCUSSION BY DR. I. BEHREND.

Dr. Behrend said he had four cases intubated for him, three of which were below four years and one above that age, and the last one was the only one that recovered. He has had twenty cases operated on for him by tracheotomy with only one successful case. In those cases that apparently get better and worse alternately, he has found that large doses of turpentine will often affect a cure without resorting to an operation. He said he did not believe intubation would cure in the early stages of the diseases, during the croupous condition, but it is about the time when the disease is going on to resolution that intubation is successful. In the commencing croupous stage the membrane spreads downwards very quickly and the child breaks down. He said that it was an easy matter to introduce the tube through the nostrils and feed the intubated child through it. He believed that in young cases nearly all the children die.

DISCUSSION BY DR. J. FORD THOMPSON.

Dr. Thompson said that his experience extended over many years in tracheotomy, and of late years he had had some experience in intubation. After reading the statistics for and against each of these operations he had come to the conclusion that the question is still undecided, which is preferable. Under fav-

orable conditions, each operation saves about one-fourth of all the cases, that is, there are about twenty-five per cent. of recoveries under either plan of treatment. Although he could not express a decided opinion as to the two operations yet he preferred tracheotomy under most conditions. The nearer a child is to death, by so much is tracheotomy the better operation. Most of his cases had been on children practically dead. In such cases in attempting to introduce an intubation tube, it may push the membrane before it and cause the death of the child; but in tracheotomy the operator holds the edge of the wound open until the child begins to talk and the trachea is cleared out. Therefore its immediate results are better than in intubation. Another reason why tracheotomy is preferable is that it requires as much skill to extract an intubation tube as to insert it and only a skilled operator can do either, whereas the genenal practitioner can perform tracheotomy, as the main object is to get into the trachea. He had been performing tracheotomy for many years and never lost but one case on the table. He had operated when the children were to all appearances, dead; at this stage of the illness if an attempt was made to introduce a tube the operator might finish the case there and then. After an intubation if anything should happen during the night, the nurse is powerless to do anything; any other physician is powerless; and the child will die as a result of this operation, whereas in tracheotomy the nurse can be instructed so as to attend the child as well as the surgeon himself. Intubation may possess some advantages over tracheotomy in young children and acute cases where there is not much collection of mucous in the trachea. Another advantage is that intubation seems less of an operation to the parents and it is easier to get their consent to its performance. In country practice, he thought he should prefer tracheotomy because of the risk of the intubation tube becoming clogged up. He said he had more confidence in tracheotomy than in intubation, and yet it is probable that intubation will become very popular. When called to a case now he takes both sets of instruments, for tracheotomy and intubation, and that operation is performed which best suits the individual case. If you are compelled to operate in a house where there are no advantages intubation is to be preferred, but where you have faculties for obtaining heat and moisture there is no disadvantage in tracheotomy and no more danger of pneumonia complications than in intubation. More children would be saved if all doctors could perform tracheotomy, whereas very few will ever learn to intubate properly. On two occasions he failed entirely to introduce the tube; although he can say that he could do the operation as well at first as he can do it now.

DISCUSSION BY DR. RICHARDSON.

Dr. Richardson said he would like to answer some statements already made. Four of his successful cases were operated on within twelve hours. In none of his cases was any membrane pushed down, while the relief was instantaneous. He says he cannot understand why there should be difficulty in introducing the tube. He has never failed to introduce the tube and never encountered any difficulties. The laryngologists is always carrying out the same motion that he goes through introducing an intubation tube and therefore he can generally do it better than the surgeon, and in this operation the laryngologist is more skillful than a surgeon. The operator should have an intimate knowledge of intubation on the cadaver before doing it on the living subject.

DISCUSSION BY DR. WILLIAM WARD.

Dr. Ward said that it was on his case that Dr. Thompson first practiced intubation in the District of Columbia; and he was surprised at the rapidity and facility with which Dr. Thompson introduced the instrument. It gave the patient instant relief. Many times since then he has been on the eve of calling on Dr. Thompson to use the same rapidity and skill, but wishing to save him a trip in from the country and hearing of the results of turpentine in some cases he resorted to that and was astonished at the results. In another case he gave coal oil; and in still another a gargle of

permanganate of potash, thirty grains in half a glass of water.

GENERAL DISCUSSION.

Dr. VanRensselaer said that the benefit of intubation should be reckoned not by the number of recoveries but by the relief from suffering and agony. In this disease where seventy-five per cent. die from sepsis it cannot be hoped that much good can be done by the operation and we should not expect it. He had seen Dr. Richardson operate on half a dozen cases, and it was remarkable the great relief which was immediately obtained.

Dr. E. F. King suggested that with the use of the new antitoxine treatment there will be no further use for either tracheotomy or intubation.

Dr. S. S. Adams called attention to the fact that both these operations were done simply to relieve the obstruction and not to affect a cure of the disease.

Dr. Acker said that tracheotomy leaves a wound which may become infected and complicate matters.

Practical Massage.

At the meeting of the Medical Society for March 20, Dr. I. S. Stone read a paper entitled Practical Massage.

DISCUSSION BY DR. W. W. JOHNSTON.

Dr. Johnston said that massage is of use in cases of neurasthenia, but it is only one of the aids and must be subordinated to rest, though it comes before electricity in value. The order for treatment would be: rest, massage, electricity. Neurasthenia is a disease of both sexes and of all ages and conditions of life. He has seen the disease in actual laborers and in men engaged in the various trades. Among children it is an exceedingly common disease, and when they suffer from dyspepsia, nervousness, etc., these are often only symptoms of neurasthenia. In carrying out the rest treatment there is one fact which is of great importance, the personal equation of the physician—the control which he obtains over his patient. He must not only possess the confidence of his patient but he must be absolute master over all his thoughts and acts. The remarkable success of Dr. S. Weir Mitchell in these cases is not due to his greater science or that he treats his patient better than others, but it is due to the masterful control which he exercises over them. The rest should be absolute rest; rest of mind, rest of body and rest of all the organs of the body. It is only in this way that the functions of the body can be restored to their normal activity. When we have our patients in this state of absolute rest, massage is of great utility, but it must be used only to the extent of the ability of the patient to stand it. Some patients can take this treatment only once or twice a week, and each case must be studied so as to decide how frequently or thoroughly carried out. He has never seen any marked results from abdominal massage in constipation; it does not completely cure intestinal atony.

GENERAL DISCUSSION.

Dr. O. M. Muncaster called especial attention to the use of mechanical massage. By its use there was an increase of circulation and in cases of weakness of the portal system he had used mechanical massage with greater comfort to the patient than when it was applied by hand.

Dr. A. R. Shands said he had never had any experience in using massage for the treatment of sprains. He had always had such excellent results from compression and fixation that he had never had occasion to use massage.

Hysteria.

At the meeting of the Medical Society for March 27, Dr. J. T. Kelley, Jr., read a paper on Hysteria. The author said that hysteria was most common between fifteen and twenty-five years and is as frequent in boys before puberty as in girls. It is contagious, and thus we see it afflict females who live together in schools, homes and convents. He attended a home where twenty-five young females were kept. During one week he extracted needles from no less than five girls. Such a large incision was necessary to remove the last needle that the epidemic ceased. The author declared that the moral training of a good mother is worth all the medicine you might get together. A case was given where a

woman, eight months pregnant, had genuine symptoms of puerperal eclampsia. Tnere was no albumen in the urine but the convulsions were exact. The attention she received for the supposed disease was the delight of her soul. Months afterwards, after having occasion to need an anaesthetic, when regaining consciousness she again developed the most perfect puerperal convulsions. Hysteria must be regarded as the most perfect type of a functional disease. The first step in the diagnosis is to search for any sign of organic disease. If none is found, or if the physical examination is negative, you may be reasonably certain that your patient is suffering with hysteria. Hysteria is not a disease from which persons often die, but it is serious enough to cause a great deal of suffering on the part of the patients family and friends, and usually a life of absolute uselessness by her. The treatment is preventative and curative. Prolonged rest in bed with massage is the treatment suggested by Weir Mitchell, and probably followed by the best success. Electricity is a most valuable agent. Great care should be exercised not to allow the patient to talk about her ailments, for the most of sympathy is misguided. The author related in detail two very typical cases of hysteria which had undergone many months of treatment without permanent benefit. When one set of symptoms disappeared another set was ready for action.

DISCUSSION BY DR. J. FORD THOMPSON.

Dr. Thompson said that if a woman came to him in as bad a condition as Dr. Kelley's patient was in, he would have no objection to taking out her ovaries and he would cure her perfectly in three months. He recently had a case of this kind while the patient went from physician to physician, having convulsions at every monthly period. She kept getting worse and worse and was reduced to a mere skeleton. There was no lesion found anywhere upon examination. After building the patient up he removed both ovaries which were in hardly a diseased condition, although they were somewhat atrophic and contained a few small cysts. This patient made a perfect recovery, and whenever she sees him she has to stop him to thank him for saving her life. Of course, every case of hysteria should not be operated upon. Some will get well without it. But two or three times he has performed the operation and in each case the results were entirely satisfactory. This operation relieved them from a distressing condition and offers absolute cure. He would venture to say that it would cure more cases than hypnotism and electricity put together. He related a case of a woman who came to him to have a needle removed from her knee which had accidentally been driven into the flesh at the point. Two or three times he removed needles from this woman's knee and later heard that a friend had taken away several more needles. It appeared that this woman had been sticking needles into her body and then going to surgeons to have them extracted. These are the cases in which it would be unnecessary and inadvisable to operate.

DISCUSSION BY DR. S. S. ADAMS.

Dr. Adams related a case which was under his care some time ago. He treated the patient some time without any success and finally did not give her anything when she got better right away. This was kept up for some time until she recovered sufficiently to leave the hospital and go away for the summer. In another case every one had to keep perfectly still. Even the neighbors were requested not to make any noise, and everyone had a horror of this nervous woman. Becoming disgusted with everything he had tried he went into the place one day and told them all to stop whispering as that alone was enough to make any one sick. He had the bell unmuffled and the house opened from top to bottom, and soon there was an apparent improvement. He did not believe hypnotism would have much affect in these cases.

DISCUSSION BY DR. MARY A. PARSONS.

Dr. Parsons said she knew a number of these cases. She had one lady who had suffered for more than three years and had been most cruelly treated by a number of physicians. She was told there was nothing the matter with her and she used every effort to get rid of her trouble. Dr. Parsons found a dou-

ble laceration of the uterus. She was operated upon last November and is now on the road to recovery. Another case was one in which the renewal of the cervix affected a cure. Dr. Parsons said she thought there were as many hysterical men as women.

DISCUSSION BY DR. A. A. SNYDER.

Dr. Snyder related a case in which the woman believed she had a tumor in her abdomen. After the examination was made it was determined that nothing was the matter with her. The diagnosis of hysteria was made and it was decided that an operation should be performed. The most extensive preparations were made for the operation for the purpose of impressing the patient. Ether was administered and one of the assistants at the hospital made an incision four inches long through the skin of the abdomen, which was then sutured together and a large dressing applied. The patient recovered from the effects of the anesthetic and made a perfect recovery.

DISCUSSION BY DR. P. S. ROY.

Dr. Roy said he had seen two cases of hysterical hemiplegia. The differential diagnosis between this and organic disease was as follows: in the hysterical form the muscles do not respond to the galvanic current. The face is never paralyzed in hysterical patients while it is in organic disease. In hysteria there is a response to the Faradic, but the muscles do not respond to the galvanic current as they do in organic disease.

Dr. Parsons asked Dr. Roy if he had ever used a pin. She said that she had noticed that the use of about three-quarters of an inch of pin with these patients never failed to elicit a response.

Dr. Roy replied that he remembered one case where the woman did not mind a pin; but there may be a motor paralysis without anæsthesia.

DISCUSSION BY DR. I. BEHREND.

Dr. Behrend said if a disease is encountered in which there is no lesion it may be called hysteria; but if a lesion exists it is not hysteria. He thought hysteria was a derangement of the imagination and the question was how to successfully treat the imagination.

DISCUSSION BY DR. O. A. M. MC KIMMIE.

Dr. McKimmie gave the history of an interesting case of hysteria which came under his notice. The patient seemed to be suffering from lock-jaw and almost complete deafness. The mouth could not be opened; and it was almost impossible to make the patient hear a word. He prescribed large doses of bromide and a little morphine. The following morning the deafness had all disappeared as had the trismus to a large degree. The patient remembered absolutely nothing of his previous visit.

DISCUSSION BY DR. S. C. BUSEY.

The President said that the point raised by Dr. Behrend was an interesting one. If all cases resulting from organic lesion were eliminated, but few hysterical cases would remain. He did not believe there were very many functional cases. He had seen very few cases in his experience for which a cause could not be found, and almost all were anæmic whether due to organic lesion or not. There frequently existed in these cases some trouble with the menstrual function. Another class of cases was due to malnutrition. These patients took a good deal to eat, such as it was, but it was innutritious, with consequent loss of flesh, impoverishment of the blood, etc. He was a long way from believing in the frequency of purely functional cases. Some were due to perverted education in childhood. These patients should be impressed with the fact that the physician was their friend but that he intended to exercise his will over their will. Their respect and obedience should be commanded, and when that had been accomplished, a long stride had been taken toward curing them.

PHYSICAL EXAMINATIONS OF THE CHEST.

At the meeting of the Society for April 10th, Dr. Andrew H. Smith, of New York, by invitation, read a paper on the above subject. This paper appears in full in the June number of Practical Medicine, a copy of which will be mailed to any address, by sending the request to the New York office at 73 Park Place.

DISCUSSION BY DR. W. W. JOHNSTON.

Dr. Johnston said it was strange that

this art, for it was an art, was so seldom discussed in medical papers. The art is a progressive one, and while it is nearing perfection yet we are constantly meeting with a great deal that is new. He spoke of the difficulty in diagnosis between a consolidated lung and fluid in the pleural cavity. We have been taught that when there is fluid in the pleural cavity the voice is feeble and the respiratory sounds are greatly obscured; but this is true only when there is a quantity of fluid in this cavity. He spoke of a nasal twang to the voice when there is fluid in this cavity; this is not absolute proof, but much reliance may be placed upon it. We should note the elasticity of the chest wall in percussing and we should be careful not to deal a forcible blow, for such obscures the true sound.

DISCUSSION BY DR. D. W. PRENTISS.

Dr. Prentiss praised the paper for its merits and more particularly for its absolute practicability. He had been struck by the thought of the essayist that an examination of the radial pulse was not an indication of the pulmonary circulation. He thought that nine-tenths of the general practitioners depend upon this in estimating the amount of pulmonary engorgement. It is important to bear this in mind since it has an important bearing upon the therapeutics. Digitalis does harm when the pulmonary circulation is embarassed by engorgement, by contracting the arterioles. In such cases nitroglycerine is the remedy, because it dilates the arterioles. Dr. Smith was the first to point out the value of this drug in these cases, which gave rise to the expression, "Bleeding a man into his own blood-vessels".

DISCUSSION BY DR. S. S. ADAMS.

Dr. Adams congratulated the society upon the opportunity it had of gaining many valuable suggestions from one who had based his opinions upon a very large experience. He certainly felt grateful to the essayist for the advise about wearying the patient in order to make a more perfect examination when the malady was easily recognizable. All of us had seen physicians turn a patient from side to side and up and down to discover the amount of lung involved in a case of crupous pneumonia. It did no good and often did harm by taxing an overworked heart. He also agreed with Dr. Smith in respecting the rights of hospital patients; because it is their misfortune to be in the free ward should not be a license for us to examine them as often and as thoroughly as we please.

MEETING OF APRIL 17TH.

At the meeting of the Society for April 17th, Dr. I. S. Stone presented A Case of Sepsis following Abortion.

DISCUSSION BY DR. W. H. ATKINSON.

Dr. Atkinson said he administered carbolized intra-uterine douches in this case, and they seemed to do good for a while, but as sepsis was present he sent her to the hospital. After her recovery she stated that she had a discharge for ten days before the attempted abortion. She usually felt very well in the morning, but grew worse toward evening. She confessed that she saw a professional abortionist in New York who introduced a speculum, and then a catheter into the uterus. He left the catheter in place and she removed it after she reached this city.

DISCUSSION BY DR. H. L. E. JOHNSON.

Dr. Johnson said he had seen the woman from whom Dr. Stone had removed the uterus for sepsis, before its surgical life. She was the servant of a neighbor who had called him in and after examining her he had advised sending her to the hospital. The presentation of this specimen suggests two interesting points. First, the removal of the uterus for sepsis. It will be remembered that some time ago he stated his disapproval of oophorectomy for numerous nervous disturbances and his prediction had come true for the pendulum had swung the other way. He did not think the time had yet arrived for removing the septic uterus: the gynecologist knew that less dangerous means were usually successful. If this case had been treated as such cases usually are, the woman might have recovered, surely the result would not have been any worse. The second point is this: How did this woman become septic? Septicæmia in the lying-in woman is so seldom seen now-a-days that when it occurs it may be said to be

due fo criminal neglect. Who is responsible for sepsis in this case? He did not think he was, because he took every precaution to insure cleanliness before he made the one and only vaginal examination. Could the curetting, the instruments, or the gauze have been the means of conveying the toxine? Dr. Johnson said he had made a great many vaginal examinations at the Emergency Hospital and took every means to insure cleanliness.

DISCUSSION BY DR. J. W. BOVEE.

Dr. Bovee said he saw this patient the day she was curetted, after a residence of three weeks in the hospital, and there was then a foul discharge from the uterus: and he was also present when the uterus was removed. He regarded this case as severe, the pus having burrowed through the walls of the uterus. He had never seen a case like it, as the thrombi were squeezed from the uterine veins. His prognosis at the time of the operation was unfavorable, and he said in his opinion the woman would die. It was probable she was infected wheu Dr. Johnson saw her.

FURTHER DISCUSSION BY DR. JOHNSON.

In reply, Dr. Johnson said the examination did not show that she was septic, as there was no odor save that one usually finds in excessive menstrual flow. He did not mean to criticise anyone, but thought the subject should be discussed from a scientific standpoint. There was an error in diagnosis in the first place for he had been invited to be present to see a mass removed from behind the uterus, but as it turned out there was no mass there to remove. Again, her uterus was removed because it was septic, and yet she died of crupous pneumonia.

DISCUSSION BY DR. WM. WARD.

Dr. Ward asked Drs. Stone and Johnson about the temperature record, but neither could give him any definite information. He regretted that we could not learn this as well as the method of treatment pursued at the hospital during her three week's residence there. Dr. Bovee's prognosis was realized, although she did not die of embolic pneumonia, which would have been the case if she had had septicæmia, but of catarrhal pneumonia. Dr. Stone corrected Dr. Ward and said the patient died of crupous pneumonia, and Dr. Ward replied that these were the same.

DISCUSSION BY DR. I. S. STONE.

In closing the discussion on his case, Dr. Stone said he regretted that he opened the abdomen, but he did it to give the woman the best chance. In replying to Dr. H. L. E. Johnson's strictures on the advanced theories as to the removal of the uterus for sepsis of that organ, he thought some of the best men in this country were following that practice. We should always do that operation which we believe will give the woman the very best chance.

THERAPEUTIC NOTES.

Wm. R. Warner & Company continue to have the most pleasant things said about them, and from all parts of the globe. A grand decoration has been bestowed upon them by the Belgian Government, for the purity and superiority of their goods. Not to be outdone, the Medical Staff of the Sibley Memorial Hospital, of this city, has recently passed resolutions of thanks for the generous manner which this firm has exhibited toward the hospital in fitting and filling the Dispensary in such an elegant manner.

Malaria makes one about as miserable as can be imagined. Quinine may be eaten freely three or four times a day, but still the malaria hangs around. All these uncomfortable and positively miserable sensations can be immediately conquered, simply by remembering to prescribe the quinine in combination with antikamnia.

Frederick Stearns & Company not only send us a very convenient pad and blotter, but they also send us an interesting account of some experiments made by officers in the regular army to

test the power of the kola nut to conserve muscular and nervous energy. One officer reports that the experiments prove that this nut will certainly have a use in military life. An account of these experiments will be sent to any one desiring to read them in full.

The Rio Chemical Company have done a very neat thing in sending out a map of the world to the profession. We have seen these maps in a number of offices, where they not only look well, but will also aid many a doctor to refresh his geography. The goods of the Rio Co. go around the world.

When recovering from the grip, for instance. why prescribe a stimulant, just to make the patient feel better for the moment? Better show your good judgment, by selecting a remedy which will not be followed by prostration and weakness. Prescribe McArthur's Hypophosphites. The tissues are supplied with just the needed elements to insure a steady and safe convalescense.

Europhen possesses many of the properties of iodide without its odor and poisonous properties. It possesses many advantages over iodoform; among which may be mentioned its freedom from odor and toxic effects. It might be called an alterant and protectorant. It liberates free iodide in the presence of heat and moisture.

Lycetol is a combination of a vegetable acid with piperazine. It combines the uric acid solvent power of piperazine with tartaric acid. It prevents the formation of an excess of urea without interfering with the function of any organ. In the treatment of chronic gout and rheumatism it is bound to take a prominent place.

Dr. Fred'k G. Moore, of Boston, Mass., writes that he finds Peacock's Bromides by far the best form for the administration of the bromides. He frequently prescribes this preparation in nervous affections, with good results.

Battle & Co., again send us their check for a quarter's advertising, although we had not sent them our bill. For promptness in such matters, they take the premium. This is simply in keeping with everything that Mr. Battle undertakes. Take his bromidia for instance; for promptness of action it is a constant surprise to those who first use it. Iodia gets a little ahead of the other products in its line; as might be expected. "Promptness" must be the special order Mr. Battle issues.

If your patient is pale, weak, nervous, irritable and losing flesh, he is suffering from malnutrition, caused by indigestion and malassimilation; remove the cause by giving two fluid drachms of Seng before each meal.

A physician in this city recently said that he would never consent to give a testimonial to any medicine. "But" he added, "if I were asked to give an endorsement to the Columbia Lithia Water I believe I could not refuse". We personally know a number of physicians who use this freely in their practice, and with great satisfaction.

Dr. J. F. Snyder, of Jacobus, Pa., says that he gave Phytoline to a patient, with the result that the weight was reduced thirteen pounds and he was freed from most annoying muscular pains.

Dr. G. H. Thompson reports a case of erysipelas treated with Pineoline, in which there was a completc cure in one week. The itching and burning were promptly allayed and the case made rapid progress to recovery.

Petrojel is an emulsion of petroleum oil, prepared in the form of a jelly. It can be eaten directly from the jar and is especially indicated if there is any objection to an oily or greasy taste; for Petrojel has neither. The new literature of this product is interesting.

The Sultan Drug Co. is offering a most unique model of the fœtal circulation, free of all expense, to the leading medical colleges. The model is 17x25 inches and is set in a neat burnt oak frame with gold band. The former price of one of these models was twenty-five dollars.

The Popular Science Monthly for June contains a number of interesting contributions. The one to which we would call particular attention is by Herbert Spencer, in which he traces the evolution of the professions of the Physician and Surgeon. An equally interesting one treats of the Psychology of Woman, and shows what traits and capabilities she possesses in high or low degrees.

In the American Gynecological and Obstetrical Journal for May can be found the paper by Dr. H. D. Fry, of this city, which was read before the Medical Society in March. Dr. Fry reported a case of symphysiotomy, in which both the mother and child survived. Another case was also reported of Cæsarean section, performed before labor had begun. In this case also both mother and child survived.

Dr. E. L. Thompkins, of this city, reports a case of secondary post-partum hemorrhage to the Journal of Obstetrics. It is of unusually interest in that the hemorrhage did not appear until eighteen days after the date of labor, although there was nothing unusual about the confinement. Dr. Thompkins attributes the hemorrhage to mental grief, as the patient had some trouble with her husband only a few hours before the hemorrhage appeared. At the time of the bleeding the uterus was large enough for the hand to easily enter it. Notwithstanding the use of antiseptics, and constitutional treatment, yet the patient developed septicæmia and died two months after the hemorrhage, and two and a half months after the birth of the child.

At a meeting of the Medical and Surgical Society of the District of Columbia, held Monday, May 13th, the following resolutions were adopted:

Resolved, That the Medical and Surgical Society hails with pleasure the return of Dr. Lewellyn Eliot into our midst and heartily commends his devotion to the cause of humanity, as physician-in-charge of the small-pox Hospital during the recent epidemic, as an example of professional heroism and worthy of emulation.

Resolved, That this Society congratulates Dr. Eliot upon being the first American physician to emply Vaccine Serum in the treatment of Variola, and expresses the hope that his pioneer's work may serve to furnish us with an efficient agent in the managemenf of this loathsome disease.

Resolved, That a copy of these resolutions by transmitted to Dr. Eliot and one copy to the Journal publishing the proceeding of this Society.

Sabadilla is reported as almost a perfect specific for hay fever.

Antipyretics in typhoid fever, in nine cases out of ten, are harmful.

Salicylate of bismuth is reported to be a good substitute for iodoform.

For simple fever, give a cathartic and demand rest in bed. This is all that is necessary.

The literature of Bright's disease is voluminous; our knowledge of it is very limited.

Hyoscyamine has been found in lettuce as an alkaloid in the quantity of 0.02 per cent.

Headaches in pregnant women are frequent symptoms of uremia and threatened eclampsia.

Strychnine is now used for all forms of uterine hemorrhage, and many reports are very favorable.

Do not hesitate to give anodynes for acute pain, but, if chronic, use the greatest care and judgment.

Two cases of exophthalmic goitre are reported as greatly benefited by the use of the induction coil.

For the treatment of the uric acid diathesis, it is recommended that cascara sagrada be administered.—Practical Medicine.

THE

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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Some New Theories of Digestion.

For a number of years it was our privilege to be able to give almost exclusive attention to the study of physiology. Nothing can be more fascinating either to pupil or teacher. During all this time, and even up to the present day, we had to believe that "The principal object of the saliva is to moisten the food and thus aid mastication and deglutition." And yet, we had to face the fact that an enormous quantity of saliva was secreted every twenty-four hours. It appeared almost like a waste of the forces of nature. We had to believe that the moment this saliva reached the stomach it became inoperative. But now all this is about to be changed. Although Freirichs came to the conclusion a number of years ago that salivary digestion continued in the stomach, yet his work was practically lost sight of. Now Dr. J. H. Kellogg, of the Battle Creek Sanitarium, has just published the report of some extensive experiments in his Laboratory of Hygiene, on starch digestion. Dr. Kellogg examined the contents of the stomach, after a test meal, in 4,875 cases. In 669 of these cases he found the starch had been completely converted into sugar. Only in 1.8 per cent. of the cases did he find there was little or no conversion of the starch. This certainly must be accepted as conclusive, and hereafter we must teach that the digestion of starch takes place in the stomach by the aid of the saliva ferments. Clinically this will be of great value and must result in a number of changes in our ideas of diet.

It is only within a few weeks that a chemist of Brooklyn, New York, Prof. E. H. Bartley, published an article in the New York Medical Journal setting forth the dangers of having digested starch in the stomach. Our readers may recall the fact that a number of years ago a committee on American Chemists were asked to report upon the dangers of taking a pre-digested starch into the stomach. Glucose was becoming such a generally distributed article, and was so largely used in the manufac ture of confectionery that this committee was asked to report upon its effects on the system. The report was both exhaustive and conclusive that no deleterious effects would follow its use, even in large quantities. But Prof. Bartley has recently taken exception to this report. This is a very important question, for it is a fact that to-day the best candies in the world contain a large amount of glucose; while the most popular beer on the market has recently been shown to contain a larger proportion of glucose than any other brewed in this country.

It is very interesting to analyze some

of the statements of Prof. Bartley; for instance, he says that milk sugar and cane sugar are "intended" as foods in preference to grape sugar, because the former require digestion before they can be absorbed. From this it is safe to reason that the more difficult a food is to prepare for absorption, so much the more was it "intended" as a food: therefore, boiled pork and cabbage were "intended" as foods in preference to the more easily digested eggs and milk!

Prof. Bartley then speaks against cooked fruits, jellies, preserves and fruit pies; because, he says, the cane sugar is changed into glucose by heating it with the acid fruits. As is well known "prolonged boiling" with an acid is necessary to make this change; while it is a practical fact that the housewife only brings her pears and peaches to a boil. Prof. Bartley further declares that the reason why some persons can eat raw apples "without stint and without after-distress," and yet "cannot eat apple pie without distressing after-effects," is because the latter contains this inverted sugar! This is almost ludicrous. It occurs to us there is more difference than this between ripe, raw apples and the average apple pie with its historic crust! An equally absurd illustration is where he declares, "some persons can drink lemon juice and water, but are sickened by lemonade or lemon pie." As if lemonade were cooked! For he declares that it is the heating with the acid which changes the sugar into glucose; therefore, he must always take his lemonade "after prolonged boiling!" While lemon pie, it occurs to us, has something more in it than digested starch to make it indigestible.

Prof. Bartley is evidently averse to the "sweets", for he deals the candy manufacturers a death-blow. The professor relates instances of persons who were made ill by eating candy containing this variety of sugar; and whom he restored to health by refusing them all articles containing sugar, and by giving them "pepsin and hydrochloric acid with laxatives." This is like curing a man of some severe pain simply by combing his hair, (and by the use of hypodermic injections of large doses of morphine)!

But this article is written with the view of showing how easily any number of theories may be overthrown when all the facts are made known. Prof. Bartley says that digested starch is absorbed too quickly while in the stomach, and, thereby, "may prove too great a task on the liver," and "the blood may be overcharged with dextrose." The professor reasons that when milk sugar or cane sugar is taken it is digested below the stomach, and there more slowly absorbed. The whole drift of his article is to frighten those who take a pre-digested starch, for fear of causing diabetes!

In the light of the recent investigations of Dr. Kellogg, the absurdity of any such view is at once apparent. We now know that nature herself is digesting our starchy foods in the stomach, and that if these digested starches, or if this glucose, could in any way cause diabetes we would ere this have been a race of diabetics.

For a long time there has been a growing sentiment throughout Germany that diabetes has not been properly treated. Hirschfeld says he believes that diabetic coma is favored by the exclusion of carbohydrates in the diet. Schmitz allows his diabetic patients a small quantity of albumen, while he orders the free use of food containing starch, and fat in large amount. Grube inpregnates the system with the carbohydrates. Williamston, of Manchester, says that home-made bread is much better than especially prepared diabetic bread. A number of

American physicians are following out this line of treatment with better results than they have had heretofore.

In the light of all this, we must conclude that saliva continues its action on starchy foods in the stomach until nearly, if not all, the starch is changed into glucose; that glucose is simply a normal product of digestion, and no more injurious than a digested proteid; and that the treatment of diabetes is bound to undergo a marked change in the near future.

Starchy Foods in Infancy.

From the fact that no less an authority than Jacobi, of New York, prescribes one part of milk with five parts of barley meal, leads one to conclude that he must think the starch in the meal is digested or he would not prescribe it. Kastens, of Leipsic, has recently been making some extensive experiments by feeding young children with starchy foods, and then analyzing the fæces to ascertain what per cent. of the starch passed through the body undigested. The result showed that children and infants have power to digest starchy foods. Schiffer has just concluded a series of experiments showing that children, even when under nine days old, secrete a saliva capable of converting starch into sugar. Further experiments are reported from Berlin which show that traces of ptyaline have been found in the salivary glands of a child only one day old, while not a trace of this could be found in the pancreas even when the children were three weeks old. Theoretically then there is no question but children can digest starchy food. In the light of Dr. Kellogg's investigation, it is only necessary that the saliva be swallowed with the starchy food in order that the starch may be digested. Practically, however, it does not appear to be wise to feed infants starchy food, to the exclusion of other diet. One reason why such a diet would not be wise is because the bulk of a starchy diet would be too large for the convenience of the child.

Brotherly Love in the Brotherly City.

Of all places in the world where one would expect to find dissention among the brethren, that place would be Philadelphia, the City of Brotherly Love. Recently a surgeon in that city had difficulty in procuring a dog from which he could take a piece of nerve in order to try his success in transplanting it to an arm of one of his patients. As is well known, this surgeon had great difficulty to procure an animal, owing to the efforts of the women who form the society for the Prevention of Cruelty to Animals. And now, just to think of it, some Philadelphia Surgeons say the whole thing was inaugurated in order that the surgical skill of a certain man could be ventilated through the public press! We should think that some of these Philadelphia men would be afraid that the statue of good Wm. Penn would tumble from the city hall and crush them as they pass by.

Altogether too Anxious.

It is quite amusing to us to notice the greed which some publishers show in accepting advertisements. The cry is almost "anybody good Lord, anybody." Noticing the advertisement of a certain firm in some of our exchanges, and being in a position to know something about the financial standing of said firm, we took occasion to write to the editors asking them when they expected to get their pay. To some of these inquiries we received the reply, "the ad came so easy, we thought we would risk it." Upon the very face of it the copy showed the whole enterprise to be a bare-faced fraud. Now that some of our friends are not getting paid, they wish this firm exposed. We think the joke is rather on the journals in accepting such material,

and we suggest they keep still about it.

Always Tired.

Our friend is always tired. When he calls upon us he drops into a chair as if he were a mass of iron. One leg goes over the arm of the chair; an arm is thrown over the back of the chair; and the eyes take on a sad and dreamy expression. Poor fellow, he is tired. His shoes would never answer for an advertisement of sapolio. His horse looks as if he was living on the promise of better days. His carriage has never shown its coat of paint since he has owned it. He has one good quality, however, at least so his patients think. He stays a long time with each one, and he never urges them for his pay. A great many people owe him, and he owes a great many people; so he mentally strikes a balance and is happy. But he makes us miserable when he calls, and we are always thankful if his visit does not result in giving us St. Vitus dance or cerebral meningitis.

Why is Man Bald?

A recent writer says this is due to the habit of clipping or cutting the hair, and at once proceeds to give a most ingenious theory to substantiate his claim. He then warns women against wearing their hair short for fear of baldness. The question of the cause of baldness in men has been a subject of many a medical sermon. After much thought on the subject, we have come to the conclusion that this affection is due to the fact that man votes. The intense excitement at election time causes a rush of the animal fluids to the top of the head, where, in their attempt to escape, they act as a violent poison to the hair follicles. We cannot now remember of having seen a man who was very bald, who did not vote; therefore, there is but little doubt that this is the cause of the whole difficulty. It is with a feeling of deep sadness and sincere regret that we are obliged to warn our ambitious sisters against ever casting a vote, lest they lose this adornment. We have an additional proof of the truth of this theory in the fact that a large number of those women who are now trying to obtain the privilege of voting have lost a good part of their hair simply in the attempt, and now go about with it clipped at the same length of the new male voter of twenty-one.

Glass Houses.

The editor of the American Lancet says that "many medical-journal articles of real value are so offensively scientific and correct and so full of technicalities and pedantic impertinences that it is a punishment to read them." And yet we do not remember of having seen, in a long time, a sentence which contains a greater number of large words than the one the Lancet uses. There are eight words of three syllables and over.

All France Aroused.

A French observer has lately made the startling announcement that he has discovered an infallible law whereby a child may positively ascertain who is its father. It is said that the discoverer is obliged to go about the streets with an armed guard so great is the feeling of the French people against him. Of course not a single Frenchman believes there is anything in the discovery, but if there should be!

Two Letters Missing.

An exchange says: "Miss Kate Field, editor and owner of Kate Field's Washington, of Washington, D. C., a paper devoted to the cause of temperance, ——." This is most surprising news, "devoted to the cause of temperance!" If two letters be placed before the last word, and if these letters be so placed that they are arranged thus, "in", then we think our exchange would be much nearer the truth.

Over-Nice Patients. A very æsthetic young woman called upon a very practical medical friend of ours the other day. Not wishing to do anything which would shock the sense of propriety which she presumed all medical men had to an unusual degree, she asked, "Doctor, may I expectorate?" Being already greatly annoyed with his patient, the doctor replied, "Yes, spit away."

The Paquin Consumption Cure. We desire to call the attention of our readers to the work now being done by Dr. Paul Paquin, of St. Louis, with his serum treatment of consumption. The journals have had considerable to say about this treatment, and some most flattering reports are given of its results. Without any reference whatever to the theory of the question, the results are certainly most surprising. Cases are reported which have been bedridden, and given up as absolutely hopeless, gaining rapidly in flesh with an improvement in all the symptoms of the disease. Dr. Paquin invites a close inspection of all his cases, in order that his statements may be verified. Without entering into the subject here, we would refer our readers to the last paper published by Dr. Paquin, which can be found in the Medical Fortnightly of May 15th.

Departure of Dr. Walsh. Dr. Jno. E. Walsh, of 628 East Capitol Street, is now on his way to Greenland. He goes as the surgeon to the Peary Relief Expedition. Peary is now in the northern part of Greenland, and the relief expedition expects to meet him at his headquarters on the shore of Inglefield Gulf, which is situated about seventy-seven degrees north. The party is composed of eight or ten persons, most of whom are scientific men, who will spend some time examining the glaciers and looking for fossils. Dr. Walsh left Brooklyn on the 22d, and sailed directly for St. Johns, N. F., where he expected to embark on the "Kite," which has been chartered for this purpose. He expects to reach home again by the first of October.

Work in Garfield Hospital. From the Thirteenth Annual Report of Garfield Memorial Hospital, we take the following from the detailed report of the President of the Medical Staff:

In the last six months of 1894, twenty-nine more patients were admitted than during the whole of the year 1893. Exactly twice the number of pay patients were treated in 1894.

In 1893, 479 patients were admitted;

In 1894, 777 were admitted,—an increase of 298.

The largest number admitted in any one day was seven, the largest number remaining any one day eighty-one, the largest number of admissions in any one month (September) was 101.

During the year fifty-six cases of typhoid fever were treated; of which number nine were remaining January 1, 1895, and all but one of these convalescing.

Three deaths from typhoid fever occurred in 1894, making a death-rate of only 5.35 per cent.

The usual routine treatment employed was that of Brand, consisting in the use of cold-water baths. One case which is supposed to have died of typhoid fever had symptoms resembling intestinal tuberculosis and a family history of tuberculosis; but owing to the fact that the patient was the member of a family stricken with typhoid fever, that diagnosis was made. Excluding the uncertain case, the mortality would have been only 3.7 per cent.

The Forum for June has a number of articles which will interest any physician. No one can read the contribution by Dr.

Chas. L. Dana, on Are We Degenerating, without being greatly profited thereby. Dr. Dana concludes by saying that, "The number of the invalid and degenerate is slightly on the increase;" but he sees nothing in it necessarily alarming. Prof. Osgood has an instructive article on Why the American Voice is Bad. Physicians should watch the table of contents of the Forum each month, or they will miss some extremely valuable material.

ONE MONTH'S WORK IN ABDOMINAL SURGERY.

By I. S. STONE, M. D., Washington, D. C.

The following brief report includes all cases referred to the writer for major operations during the month just closed, May, 1895. These cases are reported not only to show how many operations have been done in a short time, but also to show the comprehensive character of the work of the abdominal surgeon. No case was refused operation because the patient was not a promising one from a statistical point of view. Not one healthy ovary or Fallopian tube was removed. No operation was performed for symptoms alone. The glass drainage tube was used in one case only; that of appendicitis. The wounds all healed by primary union and without stitch abscess or other suppuration, except in the one case mentioned above. The pulse and temperature record were almost ideal in these cases. The case of appendicitis is the third successful one performed by the writer for Dr. W. F. Luckett, of this city. He has correctly diagnosed each case before calling a consultant. In two of these cases, the operation was done in less than two hours after the first consultation. The third case was one of the recurrent variety and we waited a few days for the subsidence of the acute symptoms. The two supra vaginal hysterectomies make nine successive successful operations all done at Columbia Hospital with one exception. Two of these tumors were very large and nearly filled the abdomen. The writer has never lost a case when the growth did not reach the umbilicus or above that point. The gall stone cases were of interest as they presented difficulties in diagnosis. One had ruptured the sac, the localized peritonitis giving rise to symptoms which her physician pronounced appendicitis. One case had jaundice from obstruction of the common duct. The other had a thirty grain stone in the cystic duct and for obvious reasons did not have jaundice. A diagnosis was made in both instances by the writer, before operating. Special care in the closure of each bleeding point will often permit us to waive the use of the glass drainage tube. The tube was used in the one case of appendicitis only. Leaving out the fourteenth case of this series the operations required an average of 46½ minutes each. I find this in excess of many months record. In some months of busy work the average time has been reduced to 25 minutes or less. An ovariotomy may be done easily in 10 to 15 minutes; and hysterectomy for large tumor has been done in 45 or 46 minutes as the records of Columbia Hospital will show. I shall go more fully into the subject on another page. Careful suturing of the abdominal wound with as many superficial as deep sutures takes as much time as the removal of a 25 pound tumor without complications.

May	Initial	Disease	Operation	Result	Reference	Hospital or Place	Time Minutes	Remarks
1	Mrs. G	Retroversion Prolapse uterus Constant pain	Vaginal hysterectomy Adnexa also removed	R	Dr. T. C. Smith	C Hospi'l	40	Recovery without incident
1	Mr. W	Appendicitis	Laparatomy	R	Dr. Luckett	Reside'ce of patient	40	Prompt relief and recovery uninterrupted
4	Miss B	Pyosalpingitis Extensive adhesions	Removal of adnexa	R	Dr. Kelley	C Hospi'l	24	Careful toilet of peritoneum No drainage
10	Mrs. C	Tumor of gall blad'er Stone in cystic duct	Cholelithotomy	R	Dr. Carter, Va	C Hospi'l	50	Stone weighed 30 grs. L'ge quantity fluid in gall bladder
11	Mrs. B	Large abscess from kidney to pelvis	Exploratory operation All diseased tissues not removed	D	——	C Hospi'l	50	Patient had been in critical condition for weeks Died in 48 hours
14	Miss P	Myoma of uterusOv. abscess Salpingitis	Baer's operation Removed adnexa	R	Dr. Wells	Private	60	Adnexa dissected away from bowel, required many fine ligatures No drainage Normal recovery
15	Miss C	Uterine myoma to umbilicus	Baer's operation Supra vag. hyst.	R	——	C Hospi'l	55	Perfect convalescence from start
15	Mrs. T	Retroversion Prolapse ovary	Hysterorrhaphy Rem'd 1 ovary and tube	R	Dr. Keech	Private	40	Perfect recovery from operation Relief of severe neuralgia
16	Mrs. W	Myoma uteri	Vaginal hysterecto'y	D	Dr. Lewis	Private	85	Marcellation Patient had wound nearly closed Acute nephritis Died on 9th day
18	Miss S	Pyosalpingitis	Careful removal adnexa without rupture	R	Dr. L. Johnson	C Hospi'l	68	No drainage
22	Miss R	Large tumor of gall bladder	Cholelithotomy	R	Dr. Baggett	C Hospi'l	60	Large number of calculi removed
25	Miss E	Retroflexion Cystic ovary Pain	Hysterorrhaphy Cystic r't ov. rem'd	R	Dr. Clark	C Hospi'l	58	Uterus suspended to abdominal wall
25	Mrs. D	Sarcoma (?) uteri	Vaginal hysteresto'y Marcellment	R	Dr. Leech	SibleyH'l	—	Operation extremely prolonged and difficult Dozens of bleeding points ligatured Recov'y assured
27	Mrs. H	Movable kidney	Fixati'n through loin	R	Dr. Tompkins Va	Private	30	Recovery assured
29	Mrs. W	Pyosalpingitis	Rem'al dis'd adnexa	R	Dr. Harrison	C Hospi'l	65	No drainage Careful suturing of all bleeding points Pro'pt recov'y

NEURALGIA OF THE THROAT. An interesting case has recently occurred in our practice which shows the importance of making a correct diagnosis before treating your patient. The case was that of a man, well known in public life, who applied for treatment of his throat. Some three months before he had passed through a very exciting political campaign, and had been exposed to all kinds of disagreeable and stormy weather. He was often obliged to speak in the open air; while there was a general disturbance of his regular methods in eating. He had been under treatment already for three months, always once and often twice daily, but without relief. The patient complained of a pain, distinctly located in a part which would correspond to the upper and back part of the larynx. The pain was described as acutely sharp, as though a needle was being thrust into the flesh. This was especially severe at night, often preventing sleep. The patient had a family history which strongly pointed to malignant trouble, as the mother, a brother, and an uncle had died from cancer. A most careful examination failed to show the least abrasion or any marked inflammation anywhere. For two weeks we treated the nose and pharynx with sprays of an antiseptic solution, and gave inhalations of a mixture consisting of albolene, menthol and eucalyptol. But the pain rather increased than diminished. It was so severe at night that the patient had to assume the erect position, to prevent a feeling of strangulation. Knowing that something must be done, and that speedily, we asked for a specimen of urine. We then fouud that the patient was passing only about thirty ounces a day, although a man weighing nearly two hundred pounds. The urine was loaded with uric acid, but otherwise normal. The thought came to us, at the first of our treatment, that this might be a case of rheumatism of the throat, so well described some years ago by Dr. Ingals, of Chicago. But the peculiar character of the pain, and its well defined location, turned our attention from the real trouble. It was now apparent that the case was one of neuralgia, depending upon a rheumatic condition. The principal thing ordered was the free use of Buffalo Lithia Water. We also ordered five-grained pills of salol, one to be taked after each meal and at bedtime. Within twenty-four hours our patient was "somewhat better." The next day he reported he was "about well." The next day he was "free from all trouble of any kind whatever." And thus ended a case which had been treated altogether for nearly four months. Our experience with Buffalo Lithia Water in cases of "rheumatism of the throat" has been most fortunate, as the distressing symptoms have often disappeared within a very few days.

Dr. J. D. Robinson, of Wooster, Ohio, who is credited with having performed the first amputation in the war of the rebellion, died May the 10th, at the age of 75. The operation is said to have been performed on James E. Hanger, a confederate soldier. The doctor was at one time in charge of the National hospital, Washington, D. C. and had established numerous hospitals in different parts of the country.—N. A. Medical Review.

The Popular Science Monthly for July promises to be of especial interest to all physicians who are not satisfied with reading about drugs and instruments exclusively. An article of especial interest is by Dr. Chas. F. Taylor, who gives some valuable information on Climate and Health. And shows very clearly that physicians must not rely on altitude alone in sending their patients away from home; for great discretion and a thorough knowledge of the country must be exercised.

HOSPITAL WORK. MAY 15 TO JUNE 15.

BY J. A. STOUTENBURGH, M. D.

GARFIELD HOSPITAL.

SERVICE OF DR. A. A. SNYDER. Trachelorrhaphy and perineorrhaphy. Dilatation and curettage. Perineorrhaphy. Open operation for varicocele, two cases. Supra-pubic lithotomy. Osteotomy of femur. Amputation of cervix and perineorrhaphy. Epesiotomy. Excision external hemorrhoids. Amputation breast and enucleation axillary glands for carcinoma.

Removal extra uterine fibroma by Dr. H. H. Barker.

Hysteromyomectomy by Dr. J. T. Kelley.

SERVICE OF DR. W. H. WILMER. Double modified Holt's operation for entropion. Extraction of cataract and iridectomy, two cases. Iridectomy. Canthoplasty double, two cases.

CHILDREN'S HOSPITAL.

SERVICE OF DR. T. E. MCARDLE. Erasion of knee joint for tuberculosis. Curettage and drainage of cervical abscesses. Laparotomy for purulent peritonitis. Circumcisions, three cases. Removal tubercular glands of neck, two cases. Removal inferior maxilla for necrosis. Erasion ankle joint. Fracture tibia and fibula (green stick), treated. Fracture clavicle, treated.

COLUMBIA HOSPITAL.

SERVICE OF DR. J. W. BOVEE. Hysterectomy, supra vaginal for fibro-myoma uteri and double pyosalpinx. Curettage for salpingitis. Curettage, perineorrhaphy and trachelorrhaphy. Salpingo-oophorectomy, double, for double pyosalpinx. Salpingo-oophorectomy, double, for double pyosalpinx and ovarian abscess. Amputation of breast for carcinoma.

SERVICE OF DR. I. S. STONE. LeFort's operation for procedentia cystocele and rectocele. Cholelithotomy. Double salpingo oophorectomy, four cases, for tubo-ovarian abscess and salpingitis, two cases, for fibroma uteri and hydrosalpinx, for tubo-ovarian cyst and salpingitis. Hysterorrhaphy and salpingo oophorectomy right side for retroversion and salpingitis. Curettage for endometritis. Penneorrhaphy, Tait's. Alexander's operation curettage and penneorrhaphy for prolapsed uterus.

PROVIDENCE HOSPITAL.

SERVICE OF DR. J. W BOVEE. Double salpingo-oophorectomy for tubo-ovarian. Abscess and pyosalpinx. Curettage for endometritis.

EMERGENCY HOSPITAL.

SERVICE OF DR. JAS. KERR. Excision of varicocele. Suture patellar tendon. Suture of the flexor tendons of the wrist also median and ulvar nerves. Trephining for gunshot wound of skull followed by a second trephining on the development of pressure symptoms.

SERVICE OF DR. S. M. BURNETT. Extraction of cataract, three cases.

FREEDMEN'S HOSPITAL.

SERVICE OE DR. D. H. WILLIAMS. Supra-vaginal amputation of uterus and tubes. Large cyst of inferior maxilla (a rare case). Chronic osteo myelitis tibia. Foreign body in esophagus. Fracture of skull. Iodoform injection of tubercular knee joint. External urethrotomy. Radical cure hernia (McBurney's method). Fatty tumor of back. Extensive phlegmon (secondary wound suture). Amputation of breast and extirpation of axillary glands. Radical cure varicocele (open method). Tubercular osteo myelitis of radius. Extirpation of inguinal glands. Extirpation of tubercular cervical glands.

SERVICE OF DR. E. O. BELT. Ectropion upper lid, Theirsch skin graft. Ectropion lower lid, Theirsch skin graft. Meibomian cyst, two. Pterygium, two. Staphyloma, corneal.

SERVICE OF DR. E. A. BALLOCH. Fracture right femur. External perineal urethrotomy. Incision and drainage abscess right foot and leg. Extirpation of inguinal glands. Dilatation stricture of urethra,

PROCEEDINGS OF MEDICAL SOCIETY OF D. C.

THERAPEUTICS OF DIARRHŒA IN INFANTS.

At the meeting of the Medical Society of this city for May 8th, Dr. Taliaferro Clark read a paper on the above subject.

DISCUSSION BY DR. G. N. ACKER.

Dr. Acker said he considered the paper of Dr. Clark very seasonable and most valuable, coming as it did with the beginning of the hot weather when such diseases would make their appearance. He thought more of these practical pa pers should be read. Dr. Clark had given some good rules, and he agreed with him in most of the points. In regard to the difference between mother's milk and cow's milk, the casein was in greater proportion and tougher in the cow's milk. To remedy this it was necessary to resort to dilution. Thə casein could be rendered easier of digestion by malting. Cow's milk contained about three parts casein, while mother's milk contained only about 1.7 parts. Of course in diluting the milk the proportion of fats and salts was destroyed. Gentner described a centrifugal machine which rendered cow's milk about the same as mother's milk when sugar was added. In regard to increasing the mother's milk, that could be accomplished by the use of nutrolactis. He had succeeded in so increasing the flow by this means that mothers, who could not nurse previous children, were now able to do so. In regard to condensed milk, Dr. Acker did not think it was of much value, although in some cases it had to be used in the summer. He would not recommend opium in simple diarrhœa. He had not been successful in treating cases of true cholera infantum. As a rule all his cases died. Cases which were called cholera infantum recovered. He had found it of service to give Valentine's beef juice with each feeding. Cow's milk should be sterilized or Pasteurized in the summer time.

DISCUSSION BY DR. S. S. ADAMS.

Dr. Adams said he thought Dr. Clark's paper had been very carefully prepared. The doctor would have been interested, as Dr. Adams had been only a few hours ago, could he have heard a discussion by men from New York, Philadelphia, and the far West, all painstaking observers. The remarks of some of these men were particularly interesting, as each one had a specific for every intestinal disorder. One of the main features in discussing the simple diarrhœas in children is the etiology. If the physician is able to recognize the location of the disturbance, he is then able to combat whatever symptoms might arise. The main indication is prophylaxis, and diet is the principal factor in this. The first rule of treatment in these cases is to suspend feeding immediately if you find the child is not thriving. The next thing in order is to rid the intestine, as gently as possible, of the offending material. He never gave syrup of rhubarb, preferring olive or castor oil. Calomel in proper doses is effective and safe; the principle objection to it is the liability of producing too many movements, and then administering astringents to lock the bowels up. Albumen water is very good food to use in some cases. Parents were very much afraid their children would starve if food was suspended for a few hours, but no such misfortune occurs. This simple procedure will many times correct the disordered digestion. He had seen good results from the substitution of animal broths for milk for twenty-four hours. With regard to a wet nurse; who will vouch for one? If the woman had a child and had abandoned it, is she a proper person to nurse another's infant? If her child is farmed out, the physician is an accessory to the crime, for all know what "baby farming" is. Of course, if she had been so unfortunate as to have lost her child, it altered matters; and, provided she was all right in other respects, she is the best substitute. The next question is, how shall the baby be fed? He had tried all of the proprietary foods and, from his experience, he could say nothing in their favor. If there is any virtue is these articles why have experimenters failed to find it? Holt, Jacobi, Smith, Pepper, Meiggs, Griffith, Starr, and other recognized authorities on infant dietetics have abandoned these foods. Cow's milk

prepared is the best substitute for mother's milk. The very reason some physicians do not have any success in managing infants is that their rules of feeding are wrong. Dr. Clark had given one of the worst rules which could be given, viz: feeding according to the child's indication of hunger by crying. The physician should know all about the food going into a child's stomach, both as to quantity and quality. What is the use of feeding a child, four weeks old, two ounces of milk and two ounces of barley water every two hours? Dr. Adams said he had seen that tried, and the result was purging and vomiting. Why should this be done when it is a well known fact that the capacity of the stomach of a child of this age is only from an ounce-and-a-half to two ounces. Then again, a child four weeks of age is unable to digest more than an eighth or a quarter cow's milk. By taking the number of feedings from early morning until night, the amount of food for the twenty-four hours can be readily determined. Two ounces at a time is as much as a baby gets from its mother during the first month of its life. Some children had been accustomed to large quantities before the physician gets hold of them, when the quantity must then be slightly increased over that which he thinks is the proper amount. His experience had demonstrated that cow's milk is the best substitute, diluted with barley water when any diarrhœa is present, and with oatmeal water in constipation. He saw very little difference in results between milk sugar and cane sugar. He usually began with the former and changed later. He approved of the low sterilization of the food, but not in all cases. The best indication as to whether the food is agreeing with the child is its weight and general condition. If the food agrees with it, the weight increases. He has the child weighed every week, and if there is no increase in weight the food is modified. Recently, Holt, of New York, one of the keenest observers in this country, and a man whose observations can be relied upon, has drawn a chart based upon the weight of 10,000 infants showing the average increase in weight up to the second year, by months, and each week in the month. This he considered the only accurate test for the proper feeding of children. The quality of the flesh should be taken into consideration, and the child weighed week after week. Dr. Adams said he had reason to examine into the statistics of mortality among infants. Some institutions would give none at all, and others would not send him what he wanted. The only response he received, which was of any value, was from Philadelphia, where the gentleman said the death-rate was so large the authorities would not let it be known. The mortality in institutions is very high. Where there are half a dozen nurses to take care of forty babies, it is impossible to attend to them properly. He had advocated the establishment of a school for the instruction of nursery maids, where, as a part of their daily duties they could give the babies the proper airing. He would decry any routine treatment, and thought the dietetic treatment was applicable to most cases. He had no faith in the indiscriminate use of intestinal antiseptics; and men like Pepper, Osler and Griffith, had not seen favorable results from them. Bismuth is one of the best astringents which could be given to children, but it must be given in large doses. There is no use in giving it, however, unless the food is digested. If opium is used his preference is for the camphorated tincture. To prepare the barley water, add a teaspoonful of barley flour to a pint of boiling water. It is well to let it boil for ten minutes or so. Oatmeal water is prepared in the same way, and boiled for twenty minutes or half an hour. He had tried intestinal irrigation, and is favorably impressed with the results obtained. When this method is used, he is in favor of using a reflux tube to allow the escape of the fluid injected.

DISCUSSION BY DR. A. BEHREND.

Dr. Behrend said that the casein was the most difficult constituent of milk to digest, and he considered this one of the direct causes of indigestion in infants. When the child is restless at night, and the mother is sleepy, or perhaps a little lazy, she simply gives the child the breast and so adds to the task already imposed upon the overloaded stomach.

He said he remembered that Dr. Young once said if the stomach could only talk, it would frequently cry out, "I am already overloaded and here comes another load." Dr. Behrend said he had seen cholera infantum cured, and had known of a number of such cases, and had had them under his own observation. He believed bismuth was one of the best drugs to use. He believed children should have plenty of water, and there would not be much danger of their starving. He believed cholera infantum was an acute gastritis in most cases. Milk and all food should be withheld until the stomach was settled, when he recommended the use of albumen water. The children could digest that and milk could be gradually returned to.

DISCUSSION BY G. L. MAGRUDER.

Dr. Magruder said that in those sections of this city where there were many public pumps, and the houses were huddled together in alleys and supplied with open closets, there were many more deaths from these troubles than where these conditions did not prevail. The poor people should have impressed upon them the absolute necessity of boiling all water given to children or mixed with their food. In regard to cow's milk, he had found that most of the milk delivered in the morning was milked the afternoon before, and that milk delivered in the afternoon was milked about four o'clock in the morning. It comes to the city by railroad, or was hauled over the road in wagons, and had received considerable churning before it was delivered to the consumer. The question was, how could poor people keep milk from souring when they could only afford to buy five or ten cents worth at a time. He thought it was necessary to resort to some other means for feeding the infants of these people. He would raise his voice in defense of some of the proprietary methods of feeding. He had seen children who had been raised on condensed milk, after trying cow's milk from different dairies, in families where the best of care was taken, and the children had diarrhœa. When the condensed milk was taken they had done well. He had used this in an alley practice, and had seen good results from it. He did not think that the milk which Washington people had to depend upon was fhe best thing to use in all cases. Those who have visited the various dairies around this city cannot help being struck at the unsanitary condition in which many of them are kept. In some cases the barnyards and stables are filthy, and in some the drainage is direct from these toward the well from which the water supply is drawn to wash the hands. With respect to medicines, he had seen the one five-hundredth of a grain of arsenite of copper, every twenty minutes, give good results. He had seen cases which had lasted weeks, improve in twenty-four hours by this means. This medicine is especially desirable because it can be administered either in water or milk, and the child know nothing about it.

DISCUSSION BY DR. WILLIAM WARD.

Dr. Ward said that from the very first of his practice he had regarded three-fourths of these cases of stomach and intestinal disorders as due to malarial infection. His treatment was to give small doses of calomel, and as soon as the effects of this drug were apparent, he put the patients on one grain doses of quinine. If he found that it was impossible for them to retain the quinine, and he was mistaken in his diagnosis, he changed the treatment. He had found cow's milk constipating, and the same was true with condensed milk. He believed the main point in all these cases was to keep the bowels open, restore the action of the skin, and follow out the treatment outlined by the essayist.

CLOSING DISCUSSION BY DR. CLARK.

Dr. Clark said that he believed in most cases cow's milk was preferable, and should be used by people who could keep their own cow; but he thought there was a place for the use of condensed milk. He did not advocate sterilization in all cases because it made the cow's milk more indigestable. Dr. Clark said he not believe any one should undertake to give any medicine, unless he knew exactly how it was absorbed, how it was changed in the system, and how it was eliminated. He knew nothing so good as the syrup of rhubarb in these diarrhœal cases where it was desired to clear out the intestine and exert

an astringent effect at the same time; for instance, in cases where the discharge was of a thin watery nature. He gave calomel because it was one of the best stomachic sedatives he knew of, and where there was vomiting it was not desirable to give nauseating drugs. He did not like cow's milk except in families which kept their own cow. He thought that in some cases, even where the persons were able to keep a cow of their own, condensed milk would do better. Unless a chemical analysis was made of each cow's milk, you really could not tell what dilution should be properly made. In condensed milk no such difficulty was met with, for if the directions on the can were followed, you would not go very far wrong. A recent experience of his own will illustrate this question. A niece of his was taken very ill. He stopped giving the mother's milk, and put her on the Eagle Brand Condensed Milk. During his absence from the city, a relative persuaded his brother to try cow's milk. On his return he stopped the cow's milk and recommended the condensed milk again. That method of feeding was adopted, and the child was restored to perfect health. He did not think that irrigation of the bowels should be used indiscriminately. There were certain fermentative cases where this method of treatment would do good; but it was adapted to hospital than to private practice.

Non-Infectious Membranous Laryngitis.

At a meeting of the Medical Society for May 15th, Dr. Bedford Brown, of Alexandria, Va., read a paper on the above subject.

Discussion by Dr. Thos. C. Smith.

Dr. Smith said that Dr. Brown had presented the old view of the medical practitioners on this subject. Bacteriologists had been working a long time, and were working still, to enable the profession to distinguish this disease. They now say that if you find the Klebs-Lœfler bacillus you have a case of diphtheria, but the diagnosis is not made until you have determined the presence or absence of that germ. Dr. Smith said that if we did not find this organism it does not necessarily follow that we do not have diphtheria. He could see no reason why we might not have a simple membranous laryngitis which was not due to diphtheria infection. Dr. Smith considered it a very dangerous proposition not to isolate cases which had been diagnosed as membranous croup. He did not think any physician was justified in permitting children with membranous croup to be brought in contact with other people. It was not safe, no matter whether the membrane was due to simple inflammation or not. Dr. Smith said that if an emetic had to be given, in his opinion apomorphine was the best remedy. He did not believe, however, in upsetting the stomach in any case if it could be avoided. Mercury acted chiefly as a germicide. He had had four cases of membranous croup, two of which recovered. In these he had given one grain of calomel every hour for fifty consecutive hours. He believed that turpentine and eucalyptol, as suggested by Dr. Brown, was an excellent treatment.

Discussion by Dr. J. W. H. Lovejoy.

Dr. Lovejoy said that before the civil war, diphtheria was a rare disease in the District of Columbia. The crowds of soldiers introduced a number of contagious diseases into this city during the war. He had always held that membranous croup and diphtheria were distinct diseases; but is now willing to admit that the large majority of cases of membranous laryngitis are now diphtheria in which the membrane was the result of simple inflammation. He had never seen any evidence that membranous croup was contagious, before the war. He thought the bacteriologists claim too much. He is glad of their assistance, but was not willing to admit that he could not diagnose a case of diphtheria without their aid. He knew of nothing in the way of treatment superior to small repeated doses of calomel. He had never seen any benefit from the vapor of slacked lime, other than would come from the moisture; this was also true of bicarbonate of soda, as neither of these substances could be volatilized.

DISCUSSION BY DR. J. H. BRYAN.

Dr. Bryan said he thought there was nothing so useful as calomel in these cases. Calomel is the best remedy in all cases of inflammation of the mucous membrane, particularly of the upper air passages. He had used turpentine, adding one ounce to a pint of boiling water. This was continually at the boiling point and removed constantly; but one must exercise caution in its use for in one case it caused one of the most severe cases of strangury he had ever seen.

DISCUSSION BY DR. EDWIN L. MORGAN.

Dr. Morgan said he believed lime water did mix with the atmosphere when boiled. Physicians had told him they had seen lime deposited on the sheets when it was used in the manner described. And he believed that when boiling water was poured upon lime in a bucket or pan, particles of lime were carried up into the air in the room of the patient. Heat is a mode of motion.

DISCUSSION BY DR. I. S. STONE.

Dr. Stone said that about ten years ago he treated cases of diphtheria by making a paste of lime and adding glycerine and water, which he used with an atomizer. Large quantities of the lime can thus be thrown into the throat. And also had used balsam copaiba. The doctor had treated several cases with this drug.

CLOSING DISCUSSION BY DR. BROWN.

In closing the discussion on his paper, Dr. Brown said he was convinced that there were two varieties of croup, a non-infectious and an infectious. And he had never taken any percautions to isolate his patient in simple croup, and had never had any occasion to regret it. The doctor believed that particles of lime and soda could be carried in vapor in connection with turpentine and eucalyptus. It could be tasted in the atmosphere. And he did not believed that the presence or absence of a specific baccillus afforded a positive means of diagnosis in diphtheria.

Neuralgia of the Throat.

At the meeting of the Medical Society for May 15th, Dr. Chas. Stowell read a paper on the above subject.

DISCUSSION BY DR. C. W. BROWN.

Dr. Brown said he had a patient who had been troubled with loss of voice and pain in her throat for more than a year. After talking for a few minutes, she would lose her voice. She had been treated by three or four throat specialists in this city without help. Dr. Brown prescribed Warner's Elixir Salicyl. Compound, and in two weeks she had entirely recovered. And another case which had been under treatment for six months without help and which he relieved within a week by the same treatment as related above.

DISCUSSION BY DR. E. L. MORGAN.

Dr. Morgan said he had been subject to muscular rheumatism all his life. The doctor did not regard salol with much favor, had used it and had failed to obtain good effects, but had used a solution of citric acid and had been benefited by it.

DISCUSSION BY DR. G. L. MAGRUDER.

Dr. Magruder said that rheumatism frequently attacked the throat. The doctor had been a victim of this trouble and had used mercurials and anti-rheumatics. And had used both acids and alkalies; but the most satisfactory results in these cases of throat rheumatism had been with salol. When one of these attacks was coming on he found that ten grains of salol would afford him such relief that he would be able to go to work. The doctor called attention to the excellent results that were sometimes obtained from the oil of wintergreen. This, of course, is due to the presence of salicylic acid.

DISCUSSION BY DR. J. W. H. LOVEJOY.

Dr. Lovejoy said that for many years he had been in the habit of administering rheumatic remedies in these cases, and in severe cases of tonsillitis, and thought a large number of cases of tonsillitis were due to rheumatic conditions.

CLOSING DISCUSSION BY DR. STOWELL.

Dr. Stowell said he did not think this was a case of rheumatism of the throat. The pain was not of the character usually found in that affection; neither would the other symptoms correspond with those given by Dr. Ingals, of Chicago, as coming under rheumatism of the throat. It was a case of neuralgia, al-

though the neuralgia may have been dependent upon rheumatism for its cause.

A Suggestion for Young Doctors. A number of deaths and retirements have made twelve vacancies in the medical corps of the navy, and the singular fact that these places are difficult to fill still exists. A better opening for a young doctor can scarcely be imagined. The requirements are severe—no man who has not studied hard could expect to pass the rigid examination—but this seems to have frightened aspirants off unnecessarily. For some years all candidates who have passed have received commissions. A young doctor, therefore, who passes steps at once into good pay, with opportunities of study and improvement not only during his shore duty, but his sea service. He sees his own and foreign countries under the best auspices, his uniform securing him admission into any society, and that, too, at a time in his career when most young doctors are tied down in one spot, struggling to make both ends meet. Few men enter the medical corps of the navy intending to remain, but the charm and ease of the life, and the certainty of being retired on handsome pay at sixty-two years of age, keeps many in. Those who resign after a few years' service have time to look about for an opening, and can enter private practice with prestige. Some of the most eminent doctors in Washington are men who resigned from the navy. It is astounding in these days of keen professional competition that such places should literally go begging.—Cincinnati Medical Journal.

"Can you give me a little breakfast, ma'am?" pleaded the tramp. "I'm hungry and cold. I slept outdoors last night, and the rain came down in sheets." "You should have got in between the sheets," said the woman kindly as she motioned him to the gate.—Boston Home Journal. This reminds us of the man who was so disturbed by the noise of the old clock that he could get no rest at night, until he adopted the plan of sleeping between the ticks.

A woman named Pantz, residing in the vicinity of Petoskey, Michigan, recently became the proud mother of twins. Medical archives are replete with wonderful phenomena but fail to recount an instance of a woman having given birth to a pair of Pantz.—Phy. and Surg.

THERAPEUTIC NOTES.

We have in use one of the Columbia Filters, for sale by Julius Lansburg, of New York Ave., this city. We have made the subject of filters a careful study, ann have abandoned one we had in use, which we thought could not be excelled, for a Columbia. We have no hesitation in declaring that we believe this is the best filter on the market. When passing by The Rink, call and see the practical workings of this new filter.

We are in receipt of some fresh Kola nuts, as imported direct from Africa by Frederick Stearns & Co., of Detroit. We had one each of the white and red nuts. Kolabon is the name of some new delicious bonbons prepared from the nuts. By sending a postal to this firm any physician can receive samples of the nuts and the bonbons.

Anæmiol is the name of a new preparation recently put on the market by Henry K. Wampole & Co., of Philadelphia. It consists of beef, containing hæmoglobin and albumen, combined with iron. It contains forty-six per cent. of coagulable albuminoids and proteids in the moist state. Mr. Wampole will send samples to all who request it.

We are in receipt of another very handsome pamphlet on Kola from Johnson & Johnson, of New York. A vast deal has been written about Kola, and there can be no excuse for the physician who is not familiar with this product. A copy of this handsomely illustrated pamphlet will be sent to any physician. Address 92 William St., New York.

Dr. J. W. Snowden, of San Jose, Cal., recently writes that in his practice Bromidia acts like a charm. He says it is a safe, effectual and reliable hypnotic.

Dr. T. E. DePondrom, of Chicago, says that he had been suffering from hepatic torpor for a number of weeks. He was induced to try Peacock's Chionia. and he says that after taking two bottles he finds it has done him more good thon any other preparation he has ever used.

For a number of years the profession has been prescribing pre-digested meat. It does not appear that it ever occurred to any one to prepare a pre-digested starch, although two-thirds of the ordinary diet of a man consists of starchy food. The Pre-digested Food Company, 30 Reade St., New York, however, have prepared the latter under the name of Paskola, and have combined with it proteid digesting ferments with hydrochleric acid, in order to aid in the digestion of the meaty food. Therefore, Paskola is a Food and a Digester of Food.

There is no treatment for burns so well adapted to meet all the indications presented as Aristol. It protects the burned parts, relieves the pain, prevents infection, has marked antiseptic and adhesive power, and is free from irritating or toxic effects. The parts should be dressed with the powder, and then covered with absorbent cotton.

If the stomach of your patient is torpid and will not secrete enough gastric juice to digest his food, then give him two or more fluid drachms of Seng before each meal. Seng is the only remedy that will normally increase the flow of the digestive fluids.

Palatability is always a desirable feature in medicine. He who would woo woman's wrath, wilfully writes for an unpalatable compound. Elegant pharmacy of these end-of-the-century days affords such a wide horizoned opportunity for the exhibition of our medicaments in forms pleasing alike to eye and gustatory nerve of the captious critic that it is worse than foolish from the business standpoint, if from none other, to prescribe what patients take with repugnaace. Our Hahnemannistic friends secure many patrons on the ground of palatability alone. While on this text we cannot resist the inclination to remind Review readers that Pan-Peptic Elixir is one of the most palatable, potent, permanent, Pepsin-pancreatin preparations you can prescribe in the acute gastro-intestinal catarrhs of children. Sharp & Dohme tell us all about it in this month's ad.

Dr. Robert B. McCall, formerly of the Medical College of Ohio, gives strong testimony in favor of Antikamnia in disturbances of innervation. He says he has just finished treatment of an obstinate case of vomiting in pregnancy. The affection readily yielded to this treatment, and the result was "clearly attributable to the masterful influence of this preparation." He adds that he believes small doses of Antikamnia and quinine are helpful in every case of labor, "confirming the efforts of nature and shortening the duration of the process."

"The King." We are in receipt of something positively new from the Chas. Roome Parmele Company, of 98 William St., New York. Thfs is a fountain syringe with an attached thermometer. Mr. Parmele proposes to answer for us, how hot is hot water, and how cold is cold water? The only method employed about the house heretofore has been for the cook to place her case-hardened hand in the water, and declare it cool, while the tender hand of the young wife declares it boiling hot. So the happy medium is agreed upon. The doctor orders a warm enema, but no one, including the doctor seems to know just exactly what is meant by the term "warm." A doctor recently said to us that the best method of treating dysentery was by using ice water injections. We asked him if he meant water very nearly freezing point? "Oh! no," he replied, "but simply very cold water." Neither he nor I had a very accurate idea what the temperature of very cold, ice cold, or iced water was. The King Fountain Syringe tells us. Stamped on the side of the syringe are most complete directions for all kinds of enemata, the temperature being given for ages from one to seventy years. "No more guess work," is evidently Mr. Parmele's idea, and the profession should thank him for introducing this novel invention.

THE

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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

The Value of Antitoxin.

The July number of the Archives of Pediatrics contains a full account of the last meeting of the American Pediatric Society. It is with unusual interest that we read the papers and discussions which treat of the value of the antitoxin in diphtheria. The first paper is given by Dr. F. G. Morrill, visiting physician to the Children's Hospital, Boston. Five hundred injections of antitoxin were given at that hospital, largely for its immunizing effects. Dr. Morrill says that he believes the serum can be relied upon to immunize against anything resembling clinical diphtheria for thirteen days, and very probably for a longer space of time. He also regards the use of antitoxin for curative purposes as decidedly favorable.

Prof. L. Emmett Holt, of New York, also speaks of the immunizing effects of the antitoxin. After giving a detailed account of his experience with it, he says that, "the injection of antitoxin for immunizing purposes is of inestimable value".

Dr. A. Siebert, of New York, reports twenty-eight cases of diphtheria treated with the antitoxin, two of which died.

In discussing this whole question, Dr. Wm. Osler, of the Johns Hopkins Hospital, said that of the patients he had treated with the antitoxin, the general effects were satisfactory. This was especially to be seen in the reduction of the temperature and a more rapid clearing of the throat than one is accustomed to see. One point brought out by Dr. Osler of great interest was, that the streptococcus diphtheritis may be just as virulent as the Klebs-Lœffler, diphtheria, and may, as has recently been shown, be followed by the paralyses of the latter.

As was expected, Dr. Jos. E. Winters, of New York, spoke strongly against the value of antitoxin. He reviewed the whole subject showing how greatly the death-rate of diphtheria varied from year to year, as well as the extent of an epidemic. For instance, in Boston the mortality in 1875 suddenly rose from 72 a year to 420. Between 1881 and 1894 the mortality had varied from 200 in some years to over 800 in others. The mortality per thousand inhabitants in 1893 was about one-half what it was in 1894. He says the reason why antitoxin is giving such good results is because we are in a dip in the mortality curve at the present time. He says the hospital statistics are better because of the large number of very mild cases, which now come for treatment, when formerly only the more severe cases came. Kohts, of Strasburg, says that, "In our City the mortality has not been lessened by the antitoxin treatment of diphtheria." Kassowitz, of Vienna, says that the mor-

tality is the same under antitoxin treatment that it was before. Dr. Winters says that if we exclude the number of light cases, such as were never seen in hospitals before the use of this treatment, the statistics of the Willard-Parker Hospital would then show a much higher mortality than formerly. He has seen a large number of cases where the patient was injured by the serum, while he does not believe it has the slightest influence for good in any severe case of diphtheria.

Dr. A. Jacobi said that although he had studied diphtheria since 1858, he had only lived long enough to learn that he did not know what diphtheria was. He says he has not yet learned to exclude from the diagnosis of diphtheria those cases that are of streptococcus origin. The worst cases he sees are not those of the simple bacilli alone, but those of mixed form. He adds, "I am satisfied to have it said, I do not know what diphtheria is."

Lend a Hand. If you think well of this journal, tell us so. Do not be afraid it will cultivate our vanity beyond an amount which will be for our good. After we are through with journals and all other labors, it will give no comfort to us if you tell our friends what a good journal we conducted.

"If you love me, tell me so;
Wait not till the winter hours
Heap with snow drifts all the flowers;
Till the tide of life runs low;
If you love me, tell me so!"

A wife lay extremely ill, and her physician had just informed her there was no hope of her recovery. Her hard-fisted, matter-of-fact husband was informed of this conclusion. Approaching the bedside he said, "Wife, do not die. I could not live without you." "John," she replied, "you have never said that before; if you believe it, I will live." "I believe it," he answered. And from that moment her faint heart took courage and she started on the road to recovery.

We have no sympathy with those who are always finding fault with the living and praising the dead. If a friend does you a favor, thank him for it. If you like anything a friend has done, grasp him warmly by the hand and congratulate him. It is the living who need encouragement—not the dead.

"O, do not wait till I am gone,
But speak the cheering words to-day,
And chide me when I go astray;
I cannot hear the chilling tone
When I am gone."

We can represent the bucket which always goes to the bottom of the well, empty; or we can just as well think ourselves the bucket which is always rising to the top, filled with gladness and satisfaction to many. If our friends please us let us tell them so. And let us not be over-anxious to measure others by a rule we have formed ourselves. This same rule applied to us might show us far different than we desire. There is altogether too much of an effort to train the mind to believe that when one does a good deed it is no more than he should have done; while if a fault is committed, it should receive the severest censure. Let us rather encourage each other for the good we are trying to do and cover the little faults with the mantle of brotherly love.

"In speaking of a person's faults,
Pray don't forget your own;
Remember those in houses glass
Should never throw a stone.
If we have nothing else to do
But talk of those who sin,
'Tis better we commence at home,
And from that point begin."

Unusual Medical Journals. Under this heading we would refer to the June number of the American Gynecological and Obstetrical Journal. This number contains the complete transaction, a majority of the original

papers, and full abstract of all others read at the recent meeting of the American Gynecological Society. There are 394 pages in this one number, and single copies can be obtained for thirty-five cents by addressing the publishers, D. Appleton & Company.

Yet we would not omit to mention the American Journal of Obstetrics, the June and July numbers of which each contain thirty-two extra pages. These are two immense journals, and the physician who subscribes for them gets a volume in each number.

In the July number of the latter journal, Dr. Wm. A. Sprigg, of this city, has an article on A case of double Uterus and Vagina. In discussing this case Dr. W. P. Carr said he had also seen a case in consultation. Drs. S. C. Busey, H. L. E. Johnson and G. Wythe Cook said they had never seen a case like the one reported by Dr. Sprigg.

The same number of this monthly contains an article by Dr. Wm. P. Carr, of this city, on Oophorectomy for fibroid tumors of the Uterus. Dr. Carr thinks that palliative measures should be abolished, except in emergencies or temporary resorts. He regards uterine fibroids as dangerous growths, and urges early resort to radical means of relief. In discussing this paper, which, together with the one by Dr. Sprigg, were read before the Washington Obstetrical Society, Dr. Jos. Taber Johnson said that Dr. Carr was more radical than he would be. Dr. H. D. Fry asked Dr. Carr if he found a small fibroid which gave rise to no symptoms and was not suspected, would he advise removal of the ovaries. Dr. Carr replied that such a course was the thing to be recommended.

Quarantining Diphtheria.

At the last meeting of the American Pediatric Society, Dr. Wm. C. Woodward, of this city, is reported, in the Archives of Pediatrics, as saying that it is unnecessary to quarantine those children whose throats contain the diphtheria germs. These germs "will not fly into the atmosphere to find new throats, and if the child is properly instructed as to the use of other's cups, spoons, etc., they may be allowed to go about without danger."

A Narrow Escape.

One of the most thrilling adventures we have heard related in a long time was given us a few days since by a professional caller who was greatly elated in spirits over the recent decision of the supreme court on the income tax. He described how carefully he had compiled his report, and how tender was his conscience on certain questions. But now that the income tax was declared unconstitutional, he was going to use the money which the government would otherwise have had in taking himself, wife and four children for a season at the seashore. It was a narrow escape indeed. Think how this family would have suffered had they been obliged to stay at home all this long summer. We thought we were going to get paid for a two years' back subscription; but we did not, and there is just where we had our narrow escape also.

The Worm Turneth.

In the June number of the Medical Tribune the editor writes at some length on the case of the late Secretary Gresham. The point which is especially irritating to the editor is that when Dr. Johnston was called to take charge of the case, he said he accepted the charge "on being informed that there was no physician in attendance." The editor says that when Dr. Johnston was told there was a homeopathic physician in attendance he replied, "As Dr. Krogstad is a homeopath, I do not consider him a physician." This is more than the Medical Tribune

could stand, and we are treated to a couple of pages of "intolerance" and "bigotry." And now comes a very interesting addition to this story. From the editorial directly following the one just mentioned we quote, "Just as we are going to press we hear that we have been expelled from the National Eclectic Medical Association." Putting these two editorials together forms very interesting and suggestive reading. Fancy Dr. W. W. Johnston being expelled from a Medical Society! However, it might be well to add that Dr. Johnston says, in his article in The Journal, that "another physician had been in attendance," referring of course to Dr. Krogstad.

Starvation Ahead. The Journal gives an account of some recent statistics by an eminent English Geographer, who makes some calculations to find when the earth will be unable to provide nourishment for its population when we will all be forced to canabalism or starvation. This period will arrive when the population exceeds 6,000,000,000. This emergency will arise in about 284 years more. We have already commenced to worry about this greatly. But there is consolation in the thought that this noted statistician is not familiar with either the state of Texas or the sub-divided farms around the city of Washington. The former of these will provide food, and the latter places to erect homes, for countless millions.

A Diagnosis Made Easy. The Brooklyn Medical Journal describes the performances of a frog from which Prof. B. G. Wilder had removed the entire cerebrum, some three weeks before. This journal says that while this frog was in possession of all his senses, except smell, which was lost through the removal of the olfactory lobes, yet he had no real "sense." We have seen other animals which answered this description well. Sometimes we have thought they were remarkably wise; as wise as an owl. Sometimes we thought they were dudes, but now the diagnosis is easy; they are decerebrized.

The Man with the Microscopic Eye. We do not care if his eye is microscopic, so long as he concentrates his vision on desirable things. But why go about with an eye which sees every minute fault, and magnifies it to the size of a mountain? These men with microscopic eyes somehow never get a focus on a good thing. They always chance to find an error somewhere. If your boots are polished they always look at a spot on your hat. If your linen is scrupulously clean they will fix their gaze on the knot in your old shoestring. If your nails are well manicured, you know your hair must be ruffled from the direction of their all-piercing gaze. Strange, isn't it? And stranger still that any such person could ever find his way into the medical profession.

We are sad to learn of the very severe illness of Dr. M. Muncaster.

Dr. S. C. Busey is sojourning at Narragansett Pier, where he is rapidly convalescing.

Dr. I. S. Stone is also in a fair way to make a complete recovery from his recent severe illness.

Drs. Sowers and Wilmer are in Europe, and will return about September 1.

Dr. T. E. McArdle, who has been seriously ill for nearly a month, is now able to ride about the city.

Dr. J. Ford Thompson is resting at his summer home near Tacoma Park, and is rapidly gaining in strength.

HOSPITAL WORK. JUNE 15 TO JULY 15.

BY J. A. STOUTENBURGH, M. D.

GARFIELD HOSPITAL.

SERVICE OF DR. A. A. SNYDER.

Amputation of breast and enucleation of axillary glands for carcinoma.
Osteotomy, head of tibia for tubercular arthritis.
Incision and drainage, abscess of leg.
Ventral fixation of uterus.
Incision and drainage, lumbar abscess.
Osteotomy, removal of sequestrum.
Radical operation for inguinal hernia (modified macewlius).
Excision of great trochanter and part of head of femur for tubercular osteitis.
Plastic operation for contracted palmar fascia, following burn.
Perineal section for enlarged prostate.
Whitehead's operation for hemorrhoids.
Exploratory tapping for abscess of liver.

SERVICE OF DR. A. L. STAVELEY.

Dilatation and curettage.
Paracentisis thoracis, two cases.
Trachelorrhaphy.
Plastic operation for hypospadia.

SERVICE OF DR. H. D. FRY.

Exploratory colliotomy, and dilitation and curettage.
Cœliotomy for ruptured tubal pregnancy.
Myomectomy.

SERVICE OF DR. J. VANRENSSELAER.

Incision and curettage sinus of thigh.
Smith's operation for hemorrhoids.
Skin grafting.

SERVICE OF DR. S. S. ADAMS.

Paracentisis thoracis.

SERVICE OF DR. JAS. KERR.

Wireing fragments in compound comminuted fracture of leg.

SERVICE OF DR. ST. CLAIR BOWEN.

Double salpingo-oophorectomy.

SERVICE OF DR. W. H. WILMER.

Stitching canaliculus, curetting fistula and dilating lachrymal duct.

SERVICE OF DR. M. MUNCASTER.

Whitehead's operation for hemorrhoids, two cases.

SERVICE OF DR. J. F. SCOTT.

Excision lipoma of the back.

COLUMBIA HOSPITAL.

SERVICE OF DR. J. W. BOVEE.

Double salpingo-oophorectomy, for pyosalpinx and peritoneal cyst.
Double salpingo-oophorectomy, for large fibro-cyst of the ovary, and hydrosalpinx.
Trachelorrhaphy and curettage, two cases
Curettage.
Colliotomy for secondary carcinoma tubes and ovary.
Trachelorrhaphy, perineorrhaphy and curettage, two cases.
Excision of lipoma of the thigh.

SERVICE OF DR. I. S. STONE.

Colliotomy for purulent peritonitis.
Nephrorrhaphy, by lumbar incision.
Amputation of breast and removal of axillary glands for carcinoma.
Curettage for sloughing fibroma uteri.
Perineorrhaphy, two cases.

EMERGENCY HOSPITAL.

SERVICE OF DR. JAS. KERR.

Amputation of breast for fibro-sarcoma.
Radical cure for strangulated inguinal hernia.
Craniectomy for gunshot wound of longitudinal sinus.
Ambulatory treatment of two cases of fracture of the leg.
Transverse fracture bones of leg, wired.
Compound comminuted fracture bones of leg-wired.
Exploratory incision for gunshot wound of abdominal wall. (The bullet penetrated perpendicularly to the transversalis fascia, then deflected to right embedding itself in the costal cartilage four inches from point of entrance).
Exploratory craniectomy for gunshot wound of skull.

SERVICE OF DR. S. M. BURNETT.

Cataract extraction, two cases.

FREEDMEN'S HOSPITAL.

SERVICE OE DR. D. H. WILLIAMS.

Osteo-myelitis of tibia.
Amputation of breast.
Extirpation of tubercular cervical lymph glands.
Radical cure, varicocele.
Excision, knee joint.
Ruptured popliteal aneurism; ligation of femoral artery and extirpation of sac.
Iodoform injection of knee joint for tuberculosis.
Extra-uterine pregnancy (tubal operation by vagina.)
Whitehead's operation for hemorrhoids.
Amputation of thigh.
Abdominal hysterectomy for fibroid uterus.
Excision of depressed fracture of frontal bone for epilepsy.
Abdominal section for stab-wound of abdomen.
Extirpation of cervical lymph and salivary glands (32) for tuberculosis.

SERVICE OF DR. E. A. BALLOCH.

Incision and curetting old sinuses in axilla.
Curetting ulcer of rectum.
Colles' fracture of right radius.
Left inguinal colotomy.
Excision portion of lower jaw bone for necrosis.

CHILDREN'S HOSPITAL.

SERVICE OF DR. S. M. BURNETT.

Plastic operation for ectropion.
Teneotomy (internal rectus.)

SERVICE OF DR. J. VANRENSSELAER.

Excision of hip joint for tubercular disease.

SERVICE OF DR. T. E. MCARDLE.

Excision of enlarged cervical glands.

PROVIDENCE HOSPITAL.

SERVICE OF DR. J. W BOVEE.

Curettage.
Curettage, trachelorrhaphy and perineorrhaphy.

A MODEL SECRETARY. The American Pediatric Society is most fortunate in the possession of a secretary whose equal has rarely been seen. Tireless energy, exhaustless patience, ability to make every one his friend, to be everywhere, to arrange everything, to foresee every emergency, are a few of the qualities of this remarkable secretary. Whether in managing a railroad company, running a Pullman car, arranging a society meeting, or demonstrating an anatomical anomaly, he is inimitable. No man in the society carries away from its successive meetings more good wishes than does Samuel S. Adams.—Archives Pediatrics.

GEORGETOWN MEDICAL COLLEGE. It is with pleasure we note that this college has had the courage to break away from the custom which has heretofore prevailed at the National Capital, of having night sessions. The Georgetown Medical College will hereafter be a day school, and there can be no question but the change will not only meet with the approbation of the clientelage of the school, but the friends of higher medical education everywhere, who have always noticed with regret that the medical colleges in the capital of our country were simply night schools, for the most part dependent upon department clerks, necessarily otherwise engaged during office hours. That many good men have been graduated at these schools everybody knows, but their success has been achieved in spite of the handicap.—The Journal.

A CASE FOR ANTHONY COMSTOCK. In the preface of a new work on the Science of Homeopathy, by Dr. Chas. J. Hempel, we read that he "presents the Goddess of homeopathic Truth stripped of all human wrappings". This is the reason why the regulars do not subscribe to the doctrine.

PROCEEDINGS OF MEDICAL SOCIETY OF D. C.

MEETING OF MEDICAL SOCIETY FOR MAY 22.

At the meeting of the Medical Society for May 22d, Dr. I. Bermann presented an enucleated eye, with the history of the case. In discussing this case Dr. S. M. Burnett said that it was a well marked case of hereditary syphilis. There was the characteristic appearance of the cornea and the teeth were notched. In discussing this case, not long since, with Dr. Knapp, he remarked that the patient had as perfect a set of teeth as he had ever seen. Dr. Burnett replied that they ought to be good, as they had been supplied by a good dentist. This is a hint that we should ascertain in these cases whether the patients teeth are natural or not.

Dr. Chas. Kleinschmidt said that his impression was from the very beginning that the case was syphilitic.

Dr. Bermann said the idea he wished to convey was, that the trouble with this child's eye was not derived from a syphilitic father, but from some 'antecedent generation. When the patient came to him there were no indications of syphilis. The eye was removed for panopthalmia, excessive pain, etc.

At this same meeting Dr. Swan M. Burnett read a paper entitled, "Clinical Contribution to the Study of Nuclear Paralysis of the Ocular Muscles," with presentation of the patient.

By invitation, Dr. Frank Baker discussed the paper. Dr. Baker said he was not prepared to state that none of the cranial nerves decussated, and thought it could be safely stated that there was a partial decussation. Dr. Baker then reviewed some recent work in regard to the decussation of nerves, and illustrated his remarks by making diagrams upon the blackboard.

The case was also discussed by Drs. Kleinschmidt, Belt, Richey and others.

MEETING OF MEDICAL SOCIETY FOR MAY 29.

At the meeting of the Medical Society for May 29th, Dr. C. R. Dufour presented a specimen of tumor of the brain. Dr. I. J. Heiberger added to the history of the case. Drs. Belt, Roy, Bermann, Reed and others discussed the case.

At the same meeting Dr. D. O. Leech read an essay on Cystitis.

At the same meeting Dr. L. Walter Reed read a paper entitled, "What Credence should be given to the Statement of those who claim to furnish Vaccine Lymph free of Bacteria?" This paper appears in full in Practical Medicine for July, a copy of which will be sent to any address upon application to this journal. After a careful bacteriological examination of vaccine lymph obtained from a number of vaccine farms, Dr. Reed found none free from bacteria. But his investigations showed that the lymph from the National Vaccine Co., of this city, contained the smallest number of any.

DISCUSSION BY DR. ROBERT REYBURN.

Dr. Reyburn said that in about one in twenty of the cases he vaccinated during the last smallpox scare in this city a violent degree of inflammation followed the operation. In three or four cases it amounted to septic poisoning. Some of the points he received actually contained blood and pus cells. The doctor thought there should be so rigid supervision over the manufacture of vaccine virus. He feared that some of his patients had received the full benefit of the inflammatory action, but not of the vaccination. While most of his patients did not have trouble, yet in some there were alarming symptoms.

DISCUSSION BY DR. C. G. STONE.

Dr. Stone said his experience was very similar to Dr. Reyburn's. In one case he thought he had erysipelatous inflammation. In another case he had an enormous slough. In still another case there were phlegmonous abscesses formed above and below the elbow.

DISCUSSION BY DR. J. W. CHAPPELL.

Dr. Chappell said that he had several cases of very severe inflammation, and hoped something would be done to secure the production of a pure virus for these unpleasant occurrences prejudiced the people against vaccination.

Functional Blindness Cured by Removal of Ovarian Tumor.

At the meeting of the Medical Society of this city for June 5th, Dr. H. L. E. Johnson read a paper on the above subject. He also exhibited a number of specimens removed by abdominal section.

discussion by dr. swan m. burnett.

Dr. Burnett said that non-ocular blindness was uncommon. Blindness in one eye may be found in some forms of hysterical manifestation, although the causes may be general. Dr. Burnett wrote a full review of these cases of reflex phenomena in 1876, in the American Journal of Medical Science. It was not unusual to have total blindness from these causes, and there were other forms of trouble, such as limitation of the visual field and disturbances of the color fields.

discussion by dr. i. s. stone.

Dr. Stone said that he happened to have a case under his observation very similar to one described by Dr. Johnson. The patient insisted upon being operated upon for a pelvic trouble, and Dr. Stone operated, stitching the uterus forward to the abdominal wall. The patient had been suffering from a protracted case of neuralgia of the inferior dental nerve. Although Dr. Stone did not promise any relief; yet he was now glad to say that since the operation the pain had been entirely relieved. Dr. Stone said he thought we could promise hysterical patients but little from an operation unless there was a good deal of disease. If hysteria was associated with pelvic disease, the operation was frequently followed by entire relief.

discussion by dr. j. wesley bovee.

Dr. Bovee said he agreed with Dr. Stone regarding operations in the pelvis for reflex nervous diseases. He had seen a number of patients who had been operated upon, when the disease in the pelvis was very slight, yet the appendages had been removed. He had come to the conclusion that unless there was considerable disease in the pelvis, it was useless to operate.

closing discussion by dr. johnson.

Dr. Johnson said his patient had been blind about a year. She simply knew the difference between darkness and light. He did not attempt to explain phenomena, but wished to call attention to the fact that such a thing was possible.

A Contribution to the Study of Suppurative Disease of the Accessory Sinuses with Report of Cases.

At the same meeting of the society, Dr. J. H. Bryan read a paper on the above subject.

discussion by dr. s. m. burnett.

Dr. Burnett said this subject was interesting to ophthalmologists because of the relation of these parts to the orbit. Some five or six years ago he had a case of atrophy of the optic nerve following inflammation of the orbit which was due to inflammation of the antrum caused by an attempt to extract a tooth. He had seen a number of cases of inflammation of the frontal sinuses. In these cases there was some swelling about the angle of the nose and orbit. In two or three cases only was he obliged to drain down through the nose. It sometimes took a long while to cure these cases. Affections of the frontal sinuses had a tendency to drain themselves, which was not the case with the ethmoid cells. Dr. Burnett gave the history of a case where there was apparently an abscess of the lachrymal sac. Later he discovered that there was a connection between the frontal sinus and the abscess. Sometimes a very large amount of pus would be discharged. One night this patient bled so much that he was so weak he could hardly walk. The frontal sinus was then freely opened, and the case treated by irrigation and drainage.

closing discussion by dr. bryan.

Dr. Bryan said that hemmorrhage was very likely to happen in affections of the ethmoid cells. He had one such case, although the hemmorrhage was not sufficient to cause anxiety. The difficulty in these cases was, that it was so difficult to recognize the trouble.

Experience in treating Pelvic Pus cases.

At the same meeting of the Medical Society as given above, Dr. J. Wesley Bovee read a paper entitled, "My Experience in the Treatment of Pelvic Pus Cases by Celiotomy, being a report upon sixty-four cases."

DISCUSSION BY DR. I. S. STONE.

Dr. Stone wished to congratulate his associate, and desired to say that no man or hospital which showed a death-rate of less than three per cent. in laparotomies was doing its duty. It was simply a case where more attention was paid to statistics and maintaining a low percentage, than to the welfare of the patients, and such people as should have the services of the surgeon were turned aside. At Columbia Hospital cases were always operated upon where there was a reasonable chance for recovery. Dr. Stone had never seen a hospital as good as Columbia hospital in its per cent. of cures, excepting of course, private hospitals.

Dermatitis Due to Cuticura.

At the same meeting of the Medical Society, Dr. J. H. McCormick read a paper on the above subject. Dr. McCormick's paper appears in the July number of Practical Medicine. Dr. McCormick reported seven cases where the use of the cuticura ointment had been followed by a dermatitis.

The Status of the Expert Witness.

At the meeting of the Medical Society of this city, for June 12th, Dr. Wm. C. Woodward read a paper on the above subject.

DISCUSSION BY DR. STERLING RUFFIN.

Dr. Ruffin said the specialist was called upon to give expert testimony in cases wnere the sanity of persons was questioned more frequently probably than in any other branch of medicine. Every one was familiar with the recent cases in which eminent specialists had testified in direct contradiction of each other on the question of a man's sanity. One set of men swear a man is insane because they were employed by counsel to do so, and the other set testified directly to the contrary. He hoped that all expert witnesses would be paid by the Court, except in civil cases. He believed that a law on this subject would be greatly in the interest of justice, and that the public would be better served. It would also lift these criticisms from the shoulders of the medical profession.

DISCUSSION BY DR. H. L. E. JOHNSON.

Dr. Johnson said that when he was Deputy Coroner he would give his testimony based upon physical facts; when medical men on the other side would come in and make the most extraordinary statements. It was appalling to see the difference in the testimony of men of eminent standing. He thought the medical men of this city should go to work and secure the enactment of a law upon this subject along the lines which Dr. Woodward has laid down.

DISCUSSION BY DR. W. W. JOHNSTON.

Dr. Johnston said he thought the lawyers were at fault for the failures of the expert witness. Physicians were summoned who were not at all experts; medical men in surgical cases, and surgeons in medical cases, and so on. He did not think one official expert would be sufficient for the knowledge required covered the whole ground of medical science. He thought the only satisfactory method was to have an expert selected by the Court and have that one chosen who should be competent to testify in the special class of cases. In order to pretect ourselves, every effort should be made to have some such law enacted.

DISCUSSION BY DR. C. H. A. KLEINSCHMIDT.

Dr. Kleinschmidt said that when a physician appeared in court he was often placed in a false position. He may be called upon to appear as a witness in a case whice he had attended, and, of course, in such a case the evidence given by him because more or less expert. The lawyer for the defense concludes that the physician is for the prosecution, and the lawyer for the prosecution decides that he is on the other side. They cannot believe that the physician is a witness for both sides.

DISCUSSION BY DR. ANTON COE.

Dr. Coe said he was present during

the Hayden trial in Connecticut. The question of the selection of an expert came up. One was appointed by the court, and he was finally sent to Europe in order to trace out a certain brand of arsenic which was traced to the entire satisfaction to both cases.

DISCUSSION BY DR. J. W. CHAPPELL.

Dr. Chappell said he had been called upon in a number of cases to testify where persons had been injured, and they had failed to remunerate him for his services. He thought something should be done to insure compensation for the time spent by the physician in these cases. Dr. Chappell then related a case in which he was called to attend a person who was injured on the railroad. After dressing the patient's wounds, and taking him to a hospital, he was at last obliged to appear in court and give testimony. He received no compensation either for attending the patient, or for his testimony and time spent in court.

CLOSING DISCUSSION BY DR. WOODWARD.

After reviewing the discussion, Dr. Woodward called attention to the ability of some so-called experts. Recently in this city a physician was asked if this patient had any "lucid" intervals. The physician did not seem to understand the question. After having it repeated two or three times, the lawyer suggested that perhaps the witness did not know what the term lucid (loos-ed) was. The doctor replied that he did not unless it meant diarrhœa. Physicians can give testimony based upon facts with which he is well acquainted. But when he is called upon to answer a hypothetical question, then the question of his being an expert comes in.

THE ASTUTE COUNTRY PRACTITIONER. A few days ago a professional friend handed us a slip of paper which he said he had picked up in front of a doctor's office. It had on it simply the following items:

College lectures, - - - - -	$350
Writing, - - - - - - -	110
Life Insurance Examinations, -	165
Tutoring, - - - - -	200
Practice, booked, $1,100. Good, -	750
Total, - -	$1,575

There is such a degree of probability about this that we here make note of it for the purpose of calling attention to an editorial in The Journal for July 6th. We commend this editorial to every young physician and to every man engaged in the study of medicine. It is one of the most timely articles we have seen in many a day. Dr. Hamilton discusses the practice of medicine in cities and compares this with practice in the country. The struggle to secure positions in medical colleges, to establish polyclinics, and to fill hospitals and crowd dispensaries has been and is so great that a most marked change is taking place. The country and village practitioner now goes to the city for a brief period of rest and takes advantage of all these hospitals and polyclinics to such an extent that he returns "the peer of the city professor." "He can command and control his cases and collect his fees while living in most comfortable, easy surroundings. His brother in the city must keep up his style of wealth and prosperity, even although grim want may hang round the kitchen door." The editor then discusses the free dispensary and hospital question, "where the foolish teachers give away their time and services." There is certainly bound to be a great reform in these matters. The day is coming when it will not be possible for one person of comfortable income to be treated in a hospital gratuitously; while another, no more able to pay, hands over a fee of a number of hundreds of dollars to be operated upon in the same hospital or at home.

For a few years past our opinion of the skill of the country practitioner has been growing larger and larger. Most things he can do well and there are but few things he cannot do at all. He is surrounded with a grateful class of patients, lives comfortably, and is respected far more than the general class of mankind. To those young physicians who are struggling along in cities, looking for better times, we say: Look to the country and feast on the fields ripening for harvest. There, you can participate in the garnering of the grain before you have hardly finished sowing the seed in a city.—Editorial in Practical Medicine

PRACTICAL HINTS.

Asafœtida is recommended in all nervous phenomena incident to pregnancy.

Saw palmetto, in ten drops of the fluid extract is said to be a specific for sick-headache.

For a hoarse barking cough without secretion, lippia mexicana is reported to be practically a specific.

Dr. Cantrell, of Philadelphia, does not operate for small epitheliomata, preferring to use the caustic potassa stick.

An article in the Medico-Surgical Bulletin, on the treatment of obesity, says the thyroid gland of the sheep is a specific.

Inhalations of a twenty per cent. solution of menthol is said to give most satisfactory results in certain forms of asthma.

Dr. Anderson, of Brookville, Md., says that mercury is the drug to be relied upon in the colitis of infancy and childhood.

A hypodermic injection of nitro-glycerine, in doses of one one-hundredth of a grain, is said to relieve asphyxia from illuminating gas.

Arsenic is said to control repeated attacks of herpes. It may be necessary to continue the treatment over a period of two or more years.

It has been recently stated that convallaria acts particularly on the right side of the heart, while digitalis acts principally on the left.

A report from the house physician of the Presbyterian Hospital of New York, says that salophen is an agreeable, efficient and safe anti-rheumatic.

For habitual constipation, an exchange says that one drop of normal liquid nux vomica, in half a glass of water every night, will prove effectual.

William Hill, of London, uses menthol in hay fever as a substitute for cocaine. A ten or twenty per cent. solution in oil is sprayed over the sensitive area.

Sulphur is recommended as an antiseptic wound dressing.

One gramme, three or four times daily, of salophen in acute articular rheumatism answers every purposes when the salicylates are not well borne.

Dr. DaCosta says that an exclusive milk diet in typhoid fever does more harm than good. He recommends three parts of milk alternated with one part broth.

Chloral hydrate, in doses of two or three grains in a teaspoonful of syrup, every three or four hours, is said to exert a powerful influence for good in scarlet fever.

Dr. Furseno, of Copenhagen, says that if smallpox patients be treated in a red-room the mortality will be greatly reduced, and the formation of scars will be prevented.

When patients rebel against large doses of iodide of potassium, these are easily borne by the stomach if the salt be mixed with soda-water instead of ordinary water.

Prof. Comby says that aconite should not be prescribed in capillary bronchitis, pneumonia, valvular heart affections, pericarditis, and in the collapse of severe forms of infectious diseases.

The New York Medical Times says that whenever there is a history of flooding, one-sixtieth of a grain of strychnia should be given three times a day for a period of from four to six weeks before the time of labor.

Dr. Patterson, of Pittsburg, orders sulphate of magnesia in the diarrhœas of children. One drachm, a dose, or even more, is given before meals. This was certainly good preparatory treatment to the employment of other remedies, as small doses of calomel.

A writer in The Virginia Medical Monthly says that chloral hydrate shortens and renders lighter attacks of typhoid fever. The editor of The Medical Age adds, that when this drug is employed the danger from intestinal hemorrhage is greatly lessened.

Dr. A. Koenig, of Pittsburg, gives a mixture of guaiacol throughout the course of typhoid fever. Guaiacol is not a specific, but a useful antiseptic remedy.

Dr. Rugh, of the Philadelphia Polyclinic, uses a ten per cent. aqueous solution of alumnol in all operations about the nose and throat when a hemostatic is necessary.

Dr. Geo. N. Acker, of this city, has abandoned the Brand method in treating typhoid fever in children. He prefers spinal compresses of water and other less vigorous means.

The editor of the Philadelphia Polyclinic says that the treatment of diphtheria by antitoxin alone will not, in the majority of cases, suffice. Local applications are necessary.

Salipyrin is recommended for menorrhagia and metrorrhagia. It is given in the form of lozenges of fifteen grains each, three daily, commencing a day or two before the hemorrhage is expected.

Dr. T. A. Reamy, of Cincinnati, says that nothing can be more striking than the promptness with which puerperal convulsions are arrested as soon as veratrum viride has had time to act upon the heart and vaso-motor system.

A writer in an exchange recommends that the tincture of iron be given in seltzer water. He says this makes a pleasant drink, and overcomes any tendency to constipation. When we have Weld's Syrup of Iron, why try anything different?

Dr. Eaton, of Pittsburg, read a paper at the Baltimore meeting, on "Bromoform in the Treatment of Pertussis." Prompt relief occurred in nearly every case, and many of the cases completely recovered in ten days. The dose for young children is from two drops up to six.

Dr. Ingraham, of Binghamton, says that heat is the king of all remedies as regards results, immediate and permanent, in the treatment of pneumonia. Heat, properly applied, is a higher degree of prefection in the treatment of pneumonia than is possible in any other pathological condition.

For all forms of nephritis, an ointment is recommended, consisting of vaseline, three ounces, and nitrate of pilocarpine one and one-half grains. This ointment should be well rubbed into the skin for several weeks. If there is uremia this treatment is contra-indicated; otherwise, its employment gives marked relief at once.

A French writer recommends that trichloracetic acid be used to remove tartar from the teeth. Those who are familiar with this acid, and know something of its power to destroy tissue, need not be told that when this acid touched the gums the tissue will be instantly destroyed. For this reason, we regard this as a dangerous suggestion.

Dr. Ely, of Rochester, prescribes raw eggs very frequently, and declares that they are readily and rapidly digested, especially when they are taken with a little sherry wine. Some patients have taken as high as thirty-five raw eggs in twenty-four hours, and have kept this up for months. One patient took 5,475 eggs during the year.

It is recommended that in case of recent injury to the eyeball the eye first be bathed with a sublimate solution, one to five thousand, the patient to be put to bed, told not to open the eyelids, and that compresses of ice water be kept over the eye continuously for a day or two. The compresses should be changed as soon as they lose their cold feeling.

At a late meeting of a certain medical society in Texas, a certain measure was proposed, and it is said the man who "kicked" the most was a one legged doctor.—Texas Medical Journal.

A physician was called by a foreign family, and prescribed "One pill to be taken three times a day in a convenient vehicle." The family, after grave consideration came to the conclusion that the doctor meant that the patient should ride out, and should take the pill while in the vehicle. In the course of a few weeks the fresh air, taken so regularly, completely cured the patient.—Medical Fortnightly.

Diagnosis and Treatment of Dyspepsia. A recent editorial in The Medical Record says that no doubt the conscientious general practitioner feels that he is often very much behind the times in his diagnosis and treatment of some gastric disorders. Medical literature is full of elaborate descriptions of the different kinds of dyspepsia. of hypoacidity, hyperacidity, motor disturbances, catarrhal disorders, etc. The methods of investigating the stomach have also become greatly refined, the test meals, the washings, syphonings, and electric explorations appear very formidable to the doctor, and still more to the patient. We do not in the least wish to deprecate the use of all the methods of modern research and treatment. It is always best to know exactly the facts, and not guess at them from data furnished by the tongue and descriptions of subjective states. Still Dr. Dujardin Beaumetz has struck a fruitful topic in a recent lecture on "Minor Methods of Diagnosticating and Treating Dyspepsias" (Bulletin general de la Therapeutique). Exact science cannot always be applied, he says, and there exist a number of minor measures which are always useful and often sufficiently effective. In order to determine the kind of dyspepsia from which a patient suffers, he should be made to take a few "test meals." The best meal for this purpose is the breakfast. This should consist of coffee or tea, with milk and a little sugar, and one or two rolls or slices of bread without butter. The quantity of liquid should always be the same and never over a pint. With a normal stomach the repast will be digested unnoticed. If, however, two hours after eating there is a sense of heat in the stomach, and a burning and acidity, then the patient is suffering from hyperacid dyspepsia. If, on the other hand, there is abundance of gas, a sensation of weight and fulness, and of food being still in its place, then there is hypoacid dyspepsia. When there is at the end of a quarter of an hour a sensation of epigastric pain, which gradually increases, then there is probably some gastro-duodenal irritation or inflammation. Finally, the patient may suffer from cramps, pains, and even vomiting, and then there is probably some muscular and nervous disorder of the stomach.

Beaumetz insists that in hyperacidity the heat and burning are most severe three or four hours after a meal, and are oftener felt at night between 11 P. M. and 1 P. M. In hyperacidity, also, the ingestion of food often relieves for a time the disagreeable sensations. A knowledge of the occupation and habits of the patient naturally helps greatly in diagnosis. Beaumetz thinks that dyspeptics ought to sleep on the right side, because this facilitates the passage of food from the stomach into the duodenum. To promote the same end he advises the drinking of a cup of very hot water, or preferably, some aromatic infusion, such as chamomile or anise, etc., an hour or an hour and a half after eating. He does not recommend mineral waters charged with carbonic-acid gas, but does advise still alkaline waters taken half an hour before meals in small doses. Finally, massage of the stomach is recommended, both to stimulate the stomach walls and the secretion of gastric juice.—Practical Medicine.

In the June number of Practical Medicine, Dr. E. Oliver Belt has an article on Prognostic Significance of Albuminuric Retinitis. Dr. Belt reviews the whole subject, and comes to the conclusion that the number of cases surviving two years is disappointingly low; while it is the consensus of opinion from the leading oculists of this country that nearly all cases of Albuminuric Retinitis prove fatal in less than two years. A very complete table accompanies Dr. Belt's interesting article.

Nothing but Milk. A physician recently related to us the detailed history of a patient who "went without food for five months; at least nothing but milk was taken during that long period." He left us somewhat puzzled and considerable annoyed when we reminded him that it was not altogether improbable, but he himself once lived exclusively on that diet for a much longer period!—Practical Medicine.

Dr. Wm. P. Carr has an article in the Virginia Medical Monthly on the Sterilization of Milk.

Dr. Llewellyn Eliot has an article in a recent number of the Medical News on the Use of Vaccine-Serum in the Treatment of Variola.

Dr. A. R. Shands, of this city, contributes an article to The New York Medical Journal on the treatment of joints affected with acute rheumatism. He says: "Accepting this theory, I think all who will apply this method of strapping joints affected with acute rheumatism accompanied with pain and spasm, and then give perfect rest by means of a plaster-of-Paris case, will be rewarded wi-h excellent results. This treatment in the early stage of the disease should be regarded as supplementary to the proper medical treatment."

Dr. F. B. Bishop has an article in the July number of Practical Medicine on Electricity Versus Old Methods in Female Pelvic Disorders.

The August number of Practical Medicine contains an article on the Treatment of Diarrhœa in Infants by Dr. Taliaferro Clark. This number also contains an article by Dr. J. H. McCormick on a case of Ainhum. Practical Medicine now has a large number of subscribers in this city. Sample copies will be sent to any address by mailing a request to 73 Park Place, New York.

Dr. J. H. McCormick recently read a paper before the Johns Hopkins Hospital Historical Club on the Psychological Development of Medicine. The article appears in full in the Bulletin of the Johns Hopkins Hospital.

THERAPEUTIC NOTES.

Treatment of Diseases of Stomach. In the treatment of diseases of the stomach and intestines, so prevalent at this season of the year, what could be more logical than to look sharply to three things: First, administer an antiseptic in order to destroy any existing germs: second, give those substances which are known to digest food: and third, use an artificially digested food in order that the depleted syetem may receive prompt nourishment. Hydrochloric acid is now recognized as one of the best antiseptics which can be administered in all fermentative and inflammatory affections of the intestinal tract. This acid with pepsin makes an artificial gastric juice for the digestion of all proteid substances. As two-thirds of our ordinary diet consists of starchy foods, so it is but natural that the system should be supplied at these times with a pre-digested starch. These can be administered separately; or they can be procured united in a most eligible form, as presented to the profession under the name of Paskola.

Is Milk a Perfect Food? Prof Bunge, the famous Swiss physiologist, has recently made the statement that milk is largely deficient in iron. Prof. Huebner corroborates this by stating that as the result of long years of clinical experience he has noticed that anæmic children do not prosper on a prolonged milk diet. Prof. Bunge says he does not believe that the inorganic compounds of iron are assimilated by the system; they are, on the contrary, all excreted through the various excretory channels of the body. To get the effects of iron, it is necessary that the iron be taken in the organic form in which it is found in our various foods. He adds that wheat is especially rich in iron, containing nearly three times as much as milk. Right here it is well to remember that Just's Food is composed largely of wheat and other cereals, richly supplied with iron. By adding this food to diluted cow's milk we would have, according to Prof. Bunge, a diet especially indicated

for anæmic children, chlorosis, invalids and wasting diseases.

For Urinary Troubles. I. M. Dawson, M. D., of Duncansby, Miss., writes to the Od. Chem. Company that he has been prescribing Sanmetto in nearly all urinary diseases for the part four years, and with invariably good results. M. J. Lund, M. D., of Marinette, Wis., also writes that his success with Sanmetto is far beyond his expectation. He says it has effected a cure in every case for which he has employed it. He uses it largely in kidney and bladder troubles with complete success. He adds that he prescribes it daily, and his success with it has been so marked that his practise has increased considerably since he began using it. Dr. Benj. H. Brodnax, of Louisiana, says he is satisfied that Sanmetto is the safest, pleasantest and most effective genito-urinary alterative and tonic he has ever tried.

A New Biscuit. Somatose biscuits are the latest addition to our list of agreeable and nourishing foods. They contain 10 per cent. of somatose, which is a tasteless and odorless extract of meat. Prepared in a form of biscuits, the somatose makes an appetizing food, more nourishing than meat, easily digested, and valuable for invalids and feeble persons. In the affections of the stomach and intestines, as dyspepsia, chronic diarrhœa, and in such wasting diseases as consumption, anæmia, etc., these biscuit will be found especially desirable. Schieffelin & Company are the sole agents for these buscuit in the United States. Samples may be obtained by addressing them.

Antiseptic Days. These are the days when antiseptics for internal as well as external use are most indicated. In such intestinal affections as fermentative dyspepsia, diarrhœa, dysentery and typhoid fever, we have two or three drugs especially indicated. Salol is one of these, acting as a prompt intestinal antiseptic, and removing the cause of many of these affections. Quinine is also indicated as a tonic increasing the appetite, and thus aiding a speedy recovery. But the patient desires most of all that the pain be controlled; and Antikamnia is a remedy which can be relied upon to accomplish this. Freedom from pain places the patient at once in the best possible condition for recovery. Prescribe all three of these drugs together in the form of a tablet.

A Valuable Hypnotic. The steadily increasing use of bromidia by the profession in all parts of the world demonstrates its great value as a hypnotic. Dr. Frederico Tommasi, of Italy, says that bromidia is an ideal preparation. In two cases, one of heart disease and another of acute lumbago, he found that bromidia promptly relieved the pain, and produced tranquil sleep without any disagreeable after-effects.

Ivy Poisoning. Poisoning from the poison ivy or poison sumach is most likely to occur at just this season of the year, and especially at some of our numerous summer resorts. Recently Dr. Blackwood, of Philadelphia, has related his personal experience with a bad case of poisoning from sumach. After trying a host of remedies without relief, he said he thought of europhen which he tried with the most satisfactory success. He recommends it as a ten to thirty per cent. ointment with vaseline; a solution of the same strength in almond oil; or a dusting powder with talcum from twenty-five to fifty per cent. strength.

Stop It. If your patient is already thin, and still losing in weight, he is suffering from Malnutrition, and is on the road to Phthisis. Stop this condition at once by administering two or more teaspoonfuls of Seng before each meal.

Great English Chemists. Messrs. Helbing and Passmore, the great English Chemists, have pronounced Pea cock's Bromides a preparation of chemi cally pure Bromides and far superior to the commercial salts.

Do Not Forget Home. In reading the above noticed, do not forget our home industries. Try a glass of Kumyss at Simm's. Drink only water that has been filtered by one of Mr. Langsburg's filters. And keep in mind our Columbia Lithia Water.

BOOK REVIEWS.

THE ART OF MASSAGE. Its Physiological Effects and Therapeutic Applications, by J. H. Kellogg, M. D. Editor of Modern Medicine. Superintendent of the Battle Creek Sanitarium, etc., etc. Modern Medicine Publishing Company, Battle Creek, Michigan. Large 8 vo. pp 282. Forty-five plates; 139 figures.

This is one of the most unique works of the present day. It could not emanate from scarcely any other source. The extensive reading and travel of the author; his long experience as a physician and writer; his appreciation of the needs of the medical student; and the abundant facilities provided by the Physiological Laboratory of the Battle Creek Sanitarium, all have combined to give a work which must stand alone in this particular branch. The half-tone engravings were made directly from photographs prepared with great care, under the author's immediate supervision. A glance at any one of them will give an exact idea of the mode of applying massage to that particular part of the body. There are a large number of training schools for nurses throughout the country, and they are all well patronized. Not a nurse should be graduated without knowing and owning this work. Extended notice is useless when we declare that we have here a most complete treatise on the Art and Science of Massage, and its rational employment.

THE CARE OF THE BABY. A Manual for Mothers and Nurses, by J. P. Crozer Griffith, M. D., Clinical Professor of Diseases of Ghildren in the Hospital of the University of Pennsylvania; etc., etc. pp 400. Price $1.50. W. B. Saunders, Philadelphia. 1895.

We have here very practical directions for the management of infancy and childhood in health and in disease. A chapter is devoted to the characteristics of a healthy baby; followed by a chapter on the growth of its mind and body. Methods of bathing, dressing and feeding at different ages are fully discussed. The sick baby also receives attention, and the facts, while scientifically accurate, are given in plain and easily understood language. In these days when it is generally accepted that the diarrhœas and summer complaints of infancy and childhood are largely due to improper feeding. the prophylactic value of such a work as this cannot be over-estimated. Therefore, we read the chapter on Feeding the Baby with great interest. It is not simply a book for mothers, but for the mother's physician also. It is a safe guide for the young mother whose heart is bound up in the welfare of her first offspring; and it also contains good teaching for the older mothers who know all about babies, and yet who often fail to rear them to the third year.

REMOTE CONSEQUENCES OF INJURIES OF NERVES. By John K. Mitchell, M. D., Physician to St. Agnes' Hospital; Lecturer on Physical Diagnosis in the University of Pennsylvania. Lee Brothers & Co., Philadelphia. 1895. pp 250. Price $1.00.

We cannot refrain from calling attention to the dedication of this work which is "To S. Weir Mitchell, severest of Critics and kindest of Fathers, in the hope that it may please him in both characters." Dr. Mitchell here records the present condition of wounds received in 1863-5, with additional cases. A chapter is devoted to the degeneration and regeneration of severed nerves; while another chapter gives the treatment of injuries of nerves and their consequences. The unusual character of this volume, and the very limited amount of literature on the subject, will make it of special value to neurologists and surgeons.

THE NURSING RECORD. The first number of this new journal has just arrived, and we give it a cordial welcome. It is a monthly journal of Practical Nursing, with a subscription price of one dollar a year. It is edited by Margaret Levering and Allen M. Scott, M. D. For sample copies address the Nursing Record Company, New York. We have looked through this journal with considerable inrerest because it has so often occurred to us that no would have the pluck to to start another nursing journal in face of the fact that the Trained Nurse is recognized everywhere to be the authority for trained nurses, and also because of its marked prosperity. However, we are told there is always room, and it is probable that if the Nursing Record can withstand the storms and misfortunes of early life, it will gain a permanent foothold. The journal is printed on extra fine paper; is filled with interesting matter; and has some good advertising patronage. We wish it abundant success.

THE

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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Emergency Hospital.

The Historical Sketch and report of the Central Dispensary and Emergency Hospital is at hand. It forms an attractive volume of 64 pages. Dr. Swan M. Burnett, chairman of committee on publication, gives a sketch of the origin and development of the Central Dispensary and Emergency Hospital which will be read with great interest. The report says: "Sometime in the spring of 1871, Dr. G. L. Magruder, fresh from a service at the Columbia Hospital, realized the necessity of extending to those afflicted with all ailments the advantages of treatment which were there offered to those suffering with the diseases peculiar to women. It was at his call, on or about April 15, that five other young physicians equally enthusiastic met, and with him formally organized the Central Dispensary."

On May 28th, 1881, the report says that Dr. Burnett stated the object of the meeting, which was to consider the removal of the Dispensary and the establishment of an Emergency Hospital. "Dr. Magruder was appointed a committee of one to secure a building for said Hospital." On July 8th the Emergency Hospital was ready to receive and care for patients. Then follows the history of this Hospital, noting the various changes which have occurred in the working force up to the present date. We learn from the report that during the past year 2,560 emergency cases have been treated; 1,453 operations performed; 446 ambulance calls; 37,540 visits;and 35,164 prescriptions compounded.

"Physician, Heal Thyself."

One of the most comtemptible pieces of work with which we are familiar is that presented by the physician now in charge of the Preston Retreat at Philadelphia. During Dr. Joseph Price's residency, in said Retreat, there was not a single death recorded. Of course such a record would excite the envy of some who are so unfortunate as to be less skilled and less broad-minded. It appears that the physician now in charge of the Retreat already finds himself unable to meet the statistics which confronted him when he entered upon his work. Therefore, according to his way of thinking, there is but one thing for him to do, and that is, to tear down his predecessor if possible. To this end he has been at work trying to cast reflections and misinterpret figures. But those who know Dr. Price are well aware of the fact that he is abundantly able to take care of himself. Under the title, "Physician, Heal Thyself," he replies to his assailant in no uncertain manner. We fancy it will be a long time before Dr. Morris, now physician in charge at the Retreat,

will recover from the odium which he has brought upon himself.

The Baby Cried.

We have often commented on the methods of quieting a baby when it cried; and we have as often wished we could put some of our ideas into practice. Well, we have had our wish abundantly gratified. When the baby cried we took it gently in our arms and softly drew it to our face. This did not appear to be quite comfortable to the child, so we carefully turned it on the side and waited results. But we did not have to wait long. The cries increased in volume with startling rapidity. We placed the child tenderly in the horizontal position and lovingly looked into its face. But it was no use. The most distressing cries now resounded throughout the whole house. Soon all would be awake, and what would the mother say to us and our theories? We tried the vertical, oblique, angular, west-to-nor'west positions, but it was in vain. Gentleness met with no appreciation at the hands of this young autocrat. The equanimity of our disposition was in danger of being disturbed, as the wild notes of our offspring resounded louder and louder through the house.

To our intense joy the mother appeared, and took the child. She placed the infant in the most unscientific position we ever saw. It was a pure opisthotonos. With the head hanging down one side of the lap and the feet the other, it seemed to us that the child's spinal column would be fractured, or the vertebræ dislocated. But to our surprise and disgust the cries grew fainter. Soon the baby was inverted, and, with the knees of the mother pressing into its stomach, it was subjected to a series of the most surprising gymnastics we ever witnessed. Every time the heels of the mother came down on the floor we feared the head of the child would be broken off. But we were led to observe that the cries were becoming fainter and fainter. The child liked it, and was soon fast asleep. We have advised against the administration of drastics to children, but since we have tried to quiet the baby we have changed our opinion. We shall not hesitate hereafter to prescribe for them all the calomel, iodide of potash, and quinine that we think the case demands.

The Soil Further Enriched.

Again do we feel the stimulating influence to our journalistic soil by the addition to it of another magazine: The Health, Sanitation and Climatology of the Southern States. This monthly died in infancy as the result of want of nourishment. Somehow subscribers did not rush to it and advertisers did not crush each other in their anxiety to be represented. If it had not been for paying the printer, probably the infant would have survived for sometime to come. But the printers in Washington are such a heartless lot that they insist on being paid. The great problem of the day is:—How to make a medical journal pay, when the printer has to be paid. When printers become more considerate of the feelings of the publishers, and are willing to wait for their pay until the journals are placed on a sound, financial basis, then, indeed, will the day of successful medical journalism dawn!

Don't Start too Speedy.

It is customary to run a few steps in order to get a good momentum before taking the jump. We can well remember of seeing the younger boys at school run so far before taking the jump that they were unprepared for the final test. Begin slow, don't run too far, and put your best effort in just about as you are to leap. Keep this in mind, my young friend. Barely out of college, you cannot make us believe you are taking in

two or three hundred dollars a month, and that this is but the forerunner of the great things which are to follow. Look out, or when the time comes for you to show to your best advantage, during mature manhood, you will find yourself unable to stand the test.

Tobacco Smoking. An article appeared in a recent number of the Journal of Physiology which is especially interesting to us. Professor Vaughn Harley gives the results of an extended series of experiments on the causes which influence muscular work. Especial attention was given to decide the idea so prevalent among smokers that more work can be accomplished under the influence of tobacco than without it; and especially that the sense of fatigue is greatly lessened, thus allowing work to be continued longer. Prof. Harley made his experiments on persons accustomed to smoking, in order that the primary effects of the nicotine might be eliminated. Prof. Harley reports that tobacco smoking "slightly diminishes muscular power and hastens the onset of fatigue." But we fear this is one of those questions which will not be decided in individual cases by any amount of scientific evidence.

Alcohol and Cold. In riding on the grip car a few days since, we talked to the gripman, (contrary to directions), when he voluntarily informed us that during the extreme cold weather of last winter it was the custom of a certain number of his associates to take alcoholic stimulants occasionally "to keep warm." He made the following clinical observation: "I don't know how to account for it, but I do know that while all those fellows had to lay off, I did not lose a single hour, and I never touched a drop." The Irishman said: "Man was a queer beast, for he could blow hot air one second, and cold the next." So we would add: Men are queer creatures. When it's hot they take a stimulant to keep cool; and when it's cold they take the same thing to keep them warm.

Photographing in Colors. Dr. Joly, of Dublin, in a paper before the Royal Society, laid claim to the discovery of color photography. A number of beautiful illustrations were given, and a water color reproduction was shown which "matched the original drawing with almost faultless fidelity." When it comes to photographing the human face in colors, then, indeed, may we expect a revival of the Keeley cure in order that "loving friends" may not be obliged to apologize for the rosy tints which decorate the organ of smell.

Blighting Power of Money. There is an old saying that "Money makes the mare go." But it is possible to drive the animal at such a rate that she collapses long before the journey is finished. The moral to be derived from a study of the history of Keeley Institutes is one which cannot be too clearly brought out. While not prepared to accept the curative properties attributed to this method of treating inebriety; yet, in all probability, if the general plan had been carried out under proper superintendence and for a different motive the results would be far better to-day. We are told that at Dwight, instead of the 800 patients which flocked to this Mecca in the height of its popularity, there is now scarcely an average of forty. Some people have been cured, a small per cent. of the whole number; yet the demonstration was made that the people are anxious and the times are ripe for the establishment of institutes where inebriety can be successfully treated. To what then can the collapse of these institutes be attributed? To their greed for gold. Patients do not like to fee

they are being treated solely for the amount of money which can be drawn from them. The "money-grabber" is not the beloved and successful physician in general practice, neither can he ever be a success as the advocate of any cure. It is a high compliment to pay to a people that they will not permit themselves to be placed under the trip-hammer for the sake of forging gain from them. Let some one demonstrate a fairly successful method of destroying the love for strong drink, and let them also demonstrate that higher motives are involved than the amassing of wealth, and a different history would be written.

The Phunny Bone.

Have you ever seen any of the illustrated work of Dr. Crusius of St. Louis? We have never seen anything like it, and do not believe it can be duplicated. The Medical Fortnightly is very fortunate in having made arrangements with Dr. Crusius whereby the readers of that journal are to have regular treats from the doctor's illustrative pen. A recent illustration shows a room in a cabin in which are five colored friends in attitudes of indifference to the flight of time. The doctor is looking at the patient's tongue, when some one remarks, "Doctah, what seems to be da matta with de pashunt?" The second picture shows the scene immediately after the doctor pronounces the word "Smallpox!" Watch the pages of the Medical Fortnightly: And, in the meantime, send to Dr. Crusius for a copy of his Phunny Bone.

Croupous Pneumonia.

A recent number of the Maryland Medical Journal contains an article on Croupous Pneumonia in Children by Dr. J. R. Wellington, of this city. After discussing the etiology, pathology, symptoms and other divisions, he thus sums up the treatment.

"In mild, uncomplicated cases, active treatment is not necessary and in many cases is positively harmful. The patient should be placed in bed in a room kept at a temperature of from 68° to 70° and under good hygienic surroundings. The diet should consist of milk in small quantities at frequent intervals, but if not well borne, beef juice, broth, albumen water, etc., may be substituted. In these cases stimulants are seldom required except at the crisis, when brandy, strychnine or digitalis may be indicated. Locally, mild counter-irritation may be kept up with mustard or turpentine and oil and the whole chest should be enveloped in an oil silk jacket. Poultices are not advisable on account of the difficulty in keeping them properly in position, the necessity of frequently changing them and the consequent exposure, their weight interfering with the easy respiration of the child, and the liability of their becoming too cold and uncomfortable. In the adult, heart failure is to be guarded against, while in childhood, on account of the weakness of the respiratory muscles, there is more danger of respiratory failure from an accumulation of mucus, congestion and atelectasis. These dangers are met by having the child change his position from time to time and the administration of carbonate of ammonia in addition to the stimulants already mentioned.

The temperature yields more readily than in typhoid and is best reduced when necessary by sponging, the wet pack, or even the plunge bath; the wet pack is usually very effective in reducing the temperature, quieting the delirium and stimulating the heart's action. Of the antipyretics, antipyrine is probably the least objectionable. When the cough or pain is severe enough to prevent the child from sleeping, opium is indicated, preferably in the form of Dover's powder.

From this brief description, I would emphasize the following facts:

1st. That croupous pneumonia is more frequent in young children than is generally supposed.

2nd. That vomiting is the most common symptom of the onset.

3rd. That the early symptoms point to disease of the digestive or cerebral systems rather than the pulmonary.

4th. That the physical signs are frequently late in appearing on account of the consolidation beginning in the center of the lobe.

5th. That careful and repeated examinations of the chest should always be made in all acute febrile diseases of childhood.

6th. That croupous pneumonia in children is one of the least fatal of the acute diseases.

Puerperal Tetanus. This is an exceedingly rare affection, extremely fatal and inexplicable. In the August number of the American Journal of Obstetrics, Dr. A. F. A. King, of this city, reports such a case. Death occurred four days after the tetanic symptoms began. Remedies appeared to be of no avail. Some eight years ago Dr. Thomas C. Smith, of this city, reported such a case which he had seen in consultation. In a recent exhaustive paper on this subject, a tabulated record is given of 57 cases, 25 of which occurred after abortion, and 32 after parturition. Of this entire number only seven recovered. The same remedies were used in very many of the cases which proved fatal that were employed in those which recovered; therefore, it appears that there are no more reliable means for meeting this disease than there are for ordinary non-puerperal cases.

Another paper also appears in the same number of this journal, on the same subject, by Dr. J. Foster Scott, of this city. Dr. Scott deals more particularly with the bacteriology of the disease. The article is illustrated with three figures.

In discussing these papers Dr. S. S. Adams said that the results of serum treatment in tuberculosis and diphtheria had been disappointing. Laboratory experimentations had promised most brilliant results, but clinically expectations had not been realized. He had seen several cases of traumatic tetanus in the Children's Hospital. About half of them recovered. While he was not sure of the efficacy of the serum treatment, he thought the efforts were in the right direction.

Dr. H. L. E. Johnson said that nothing had been so beneficial to gynecology as bacteriological studies. The surgeon was enabled to do operations with perfect safety, which formerly were considered impossible. Dr. Johnson thought the disease was due to a bacillus. He cited two cases in his own experience in which the navel was dressed with dry earth from the yard after he had properly dressed it. These children were seized with trismus and died. The germs were conveyed from the earth through the navel.

Dr. Geo. B. Harrison gave his personal experience and observation of tetanus in animals, and said that he had known at least two cases relieved by old methods, or at least under them, and had even had a mule restored to comparative usefulness after a distinct attack.

Dr. W. Sinclair Bowen said he had resided three years in a hospital where many persons suffering from railroad accidents were treated. He had seen five cases of tetanus, and in these the wounds were much soiled by dirt and axle grease being ground up in the tissues. Four of the five cases died, one only recovering.

Marriage of Consumptives.

Dr. Paul Paquin, of St. Louis, in a discussion of this subject, says that public lectures should be given throughout the country in order to educate the people against the marriage of consumptives. Physicians also should do all in their power to discourage such marriages. He argues thus because he says no one has a right to bear children condemned before their birth to a life of misery. We must remember that in the sputum of a daily expectoration of a chronic consumptive there may be more than twenty million of tubercle bacilli: therefore, the healthy person who marries a consumptive becomes seriously exposed to eventually contract the disease. The children of such parents are certainly pre-disposed to the development of consumption because of their constantly infectious surroundings; while those who are born feebly constituted have a naturally fertile soil for the growth of the germs of tuberculosis. For these reasons, Dr. Paquin takes the ground that no one with consumption should marry. The whole article on this subject can be found in the Board of Health Magazine.

Insufflation of Salt.

A writer in the Medical News advocates the insufflation of sodium chlorid into the nasal cavity for the relief of pain. A pinch of table-salt is blown by an insufflator into the nasal cavity with the effect of producing immediate relief from acute pain in the face and head. Especial attention is called to cases of face-ache from decayed teeth, and pain in the face from cold. One case is reported of a furuncle in the external auditory canal which was followed by relief in the fraction of a minute, after the application of the salt. Another case was that of a woman who had intense pain in the top of the head; while another was from eye-strain from over-use of the eyes. After reading the article, although suffering no pain at the time, we tried this new method of treatment. Our conclusion is that its efficacy is due to the same cause which invariably makes a tooth cease to ache as one approaches the dentist's office! The effect on our nasal mucous membrane was sufficient to make us forget every thing for the time being.

Phthisis Laryngis.

It is always interesting to read of recoveries from phthisis laryngis. Dr. Johnson Eliot, of this city, reports such a case in the August number of the Virginia Medical Monthly. Dr. Eliot says that in his own practice the larynx was involved in 15.6 per cent of all his cases of phthisis. Pulmonary involvement was present in all of his laryngeal cases. The case which Dr. Eliot reports was evidently a severe one, with a temperature of 102, pulse 130, and respirations 28 to 30. The night sweats were also quite exhausting. There was decided dullness in the upper left lobe. An unfavorable prognosis was given. The patient was placed upon sodium hypophosphite and pepsin, also given creosote. Many conditions arose which were treated from time to time. The laryngeal ulcer was at first painted every second or third day with a ten per cent solution of lactic acid; this being badly borne, a twenty per cent solution of menthol in olive oil was substituted. Gradually the ulcer healed, the voice and appetite returned, weight increased, and all the symptoms improved. All local treatment has been stopped but the creosote and soda are still being taken.

At the last meeting of the American Laryngological Association recently held at Rochester, New York, Dr. T. Morris Murray, of this city, said he had used lactic acid in seven or eight cases of

laryngeal and pharyngeal ulcers, and had seen good results in three cases. One case had remained healed now for five years.

Dr. Ingals, of Chicago, said that of one thousand cases operated on, and one thousand cases treated topically, the latter series would show more cures than the former. He had had four recoveries from laryngeal and pharyngeal ulcerations by simply rubbing in lactic acid without first scraping the parts. It was a doubtful propriety to cut away large masses of tissue.

Dr. Daly said he never curetted, and regarded it useless so to do. He had seen a few cases recover, however, under proper treatment.

Dr. Shurly said he had never had any experience with the curette in these cases. He thought the treatment was absurd.

Dr. Wright, of Brooklyn, said he was very skeptical about the treatment of laryngeal tuberculosis.

Small-Pox in this City.

Through the kindness of the author, Dr. Llewellyn Eliot, of this city, we have had the pleasure of examining the advance sheets of his report to the Health Officer of the District of Columbia, on the recent epidemic of small-pox. Dr. Eliot was placed in charge of the small-pox hospital on the 15th of December, 1894, and was called upon to treat thirty-four cases of small-pox, two of which were fatal. These cases are carefully reviewed, and quite extended comments are made on the protective power of vaccination. Dr. Eliot makes the statement that, "Small-pox, at the present date in countries where vaccination is universally practiced, is not a fatal disease. It should certainly be less fatal than either diphtheria or scarlet-fever, relatively speaking." Cremation is urged as the only scientific disposal of the bodies of those who have died from some zymotic disease. The report closes with a discussion of the treatment of the disease.

Five tables conclude the report; and these are of such great interest that we wish to call attention to some of the points which they illustrate. These tables give the number of cases and deaths from diphtheria, scarlet fever and small-pox for the past twenty years in the cities of Boston, Philadelphia, Milwaukee, New York City and the District of Columbia. The average mortality for diphtheria is respectively 30.75 per cent; 29.09; 29.16; 35.09; 39.81. The mortality for scarlet fever is, 8.15 per cent; 9.15; 12.03; 23.87; 5.85. The mortality for small-pox reads, 27:75 per cent; 24.06; 25.35; 32.84; 33.72. As might be expected, so these tables show that these diseases are most fatal in New York City. A study of the diphtheria tables show that in 1880, in Milwaukee, the death-rate was only 19.63; while, strange to say, the death-rate for scarlet-fever for the same year was the highest ever quoted for that city, 24.18 per cent. This was not an especially favorable year for diphtheria, because in Boston the fatality was 34.02; and in New York, 45.05. Five years later Milwaukee reached its highest death-rate for diphtheria, 41.52 per cent. Boston fluctuates between a death-rate for diphtheria, of 17.06 per cent in 1894, to 35.07, which is the highest, in 1881. In New York city the death-rate for diphtheria was lowest in 1894, 25.06 per cent; but it was practically the same in 1889, when it was 25.95. The highest death-rate was in 1875, when it is recorded as reaching 51.29 per cent. A study of the tables for scarlet fever is also interesting, and shows about the same variance. The columns which relate to small-pox are also very interesting, and especially

those which relate to the District of Columbia. The high water mark was reached in 1873, when there were 1,439 cases of this disease, with 537 deaths, giving a death-rate of 37.03 per cent. In 1880 there were 77 cases, 13 deaths, giving a death-rate of 16.89. Dr. Eliot now reports 34 cases, with two deaths, giving a mortality of 6.25 per cent. Basing the fatality of small-pox upon his own favorable returns, Dr. Eliot is certainly justified in declaring it a less fatal disease than either diphtheria or scarlet fever. But from a study of the tables, one is inclined to believe that all are not so successful in managing this disease. Dr. Eliot is certainly to be congratulated on his success, and we shall be under renewed obligations to him and to the Health Officer of the District when a copy of his report appears in printed form.

Physicians for the Poor.

The party who wrote the article which appeared in the Post of this city, not many days since, on "Physicians for the Poor" must have been in about the same frame of mind as that enjoyed by a certain young lady. The story goes that this young lady wrote to her lover that she was in need of some ready money, and would he be so kind as to enclose a little for her. Then, evidently, after thinking the matter over, she thought this would not sound exactly right, for she added the usual P. S., in which she said: "I fear it was not the right thing for me to ask you for money; so after this letter had gone I ran a long distance to catch the postman that I might get it from him. But I could not do so, and, therefore, you will get this letter." The article in the Post says, "The fact that the present corps of physicians is not what it should be is well known to the Commissioners, and they intend in the future to get the best possible men in the corps." Here is a direct thrust at a number of hard-worked, and, so far as we know, competent men. But the writer evidently saw he had made a mistake when he had written this much; therefore, showing about as much wisdom as the girl above mentioned, he adds: "As there is no serious fault to be found with any of the physicians serving on the corps at present, none of them will be required to pass the examination." The writer of this newspaper article would evidently make a good politician; for he could say a good deal without telling anything, and none of his friends or enemies could ever have an idea where he stood on any question.

A Free Advertisement.

The Pittsburg Medical Review has considerable to say about the old stars and stripes, freedom and peace, the American Eagle, and other Fourth of July oratorical pyrotechnics; and then proceeds to score unmercifully all those journals who allow the antikamnia flag advertisement to appear in their columns. The editor says that the University Medical Magazine, the official journal for the University of Pennsylvania, is a journal whose power cannot be questioned. After praising this journal in every possible manner, the editor of the Review calls attention to the fact that said University Magazine carries the antikamnia flag advertisement. He urges the University Magazine managers to come out from among their unclean surroundings. The whole article is one of the best advertisements for antikamnia which has appeared in a long time. Every reader of the Pittsburg Review now knows that the journal of one of the greatest Universities in the land approves of the antikamnia advertisement. If the University Medical Magazine be worthy of the high encomiums heaped upon it by the Pittsburg Review, and it is certainly

thus worthy, then it follows that the antikamnia people could not receive much better commendation themselves. The Pittsburg Review has most unwittingly done a great service to the antikamnia people, and we only regret that it will not receive adequate compensation for its labors.

Knows all About It.

While it is not necessary to be an opium eater in order to describe the delightful and horrible experiences connected with such a life; yet we fancy that DeQuincy could never have written his great work unless he spoke from personal experience. It may not be necessary to have an experimental knowledge of delirium tremens in order to be a temperance lecturer; yet who can doubt but John B. Gough could depict the awful life of a drunkard the better for his having passed through it. These thoughts come to us as we read an editorial in one of our exchanges on Death. After discussing the subject, as one who speaks from an abundant experience, he closes his article by saying: "This is death." Editors are supposed to be ready to write upon almost any subject. But this is the first time we have heard of one who undertook to give an exact description of a condition which he knows absolutely nothing about, and from which he is doing everything in his power to escape. We once heard a child read an essay, supposed to be original, on "The Philosophy of Dante."

Discussion on Diphtheria.

In a late number of the Medical Record, we have the discussion on diphtheria as given before the British Medical Association at the August meeting. Dr. S. H. Martin said that the employment of antitoxin in the treatment of diphtheria is based on the study of the pathology of the disease, which is an inflammatory condition of the mucous membrane of the mouth and air-passages excited by special bacilli which give rise to nerve degeneration. It is not the bacillus that induces the death of the patient, but the degeneration of the nerves, the chief symptoms being suppression of urine and a fatty degeneration of the muscular fibres of the heart. A single dose of the poison will give rise to the disease, and the fluidity of the blood is affected if this dose be a large one, but it is the absorption of repeated small doses of the poison during the course of the disease that has such a disastrous effect.

Two rabbits were experimented with. In one a dose of unmixed poison was injected, and in the other a mixture of poison and antitoxin. On examination after death, the former was found to have fatty degeneration of the muscular fibres of the heart and nervous degeneration, but the second rabbit had a perfectly sound heart and only a trace of nerve degeneration. Experiments have proved that antitoxin is quite innocuous, but the toxin induces paralysis on the fourth day after its introduction into the system of the animal.

Cardiac syncope in diphtheritic disease is due to the fatty degeneration of the muscular fibres of the heart.

Dr. G. Sims Woodhead said that in 241 cases of diphtheria 105 were treated with antitoxin and 136 by other methods, and the mortality in the latter was considerably higher than in the former. Age was an important factor and the older patients were found to do better without the antitoxin; nevertheless, a general consideration of all the facts tends to prove that the antitoxin treatment of diphtheria is one to be commended and followed.

The antitoxin does not cause any diminution of the albumin in the urine, nor does it influence the anuria; but in cases where it was used there was found

to be a larger proportion of paralytic complications than in those cases where it had not been employed, although it must not be too hastily concluded that the paralysis is the actual result of the use of antitoxin. Paralysis is usual after severe cases and infrequent after those that are of a milder type, and many of the former would probably have succumbed had they not been tided over the peril by the antitoxin. Where antitoxin was used in mild cases, no paralysis was observed. The fact is that the antitoxin has no control over the paralysis, which, however, is never permanent, and from the effects of which no deaths have been recorded. Antitoxin, in like manner, does not influence glandular enlargements or broncho-pneumonia.

In all cases it is important to commence using the antitoxin as early as possible, but there is no benefit to be derived from other concurrent treatment. In complicated cases not much can be hoped for from its employment. About the worst combination of diseases is that of diphtheria and measles, which nearly always ends fatally from broncho-pneumonia.

Diphtheria varies in severity in different years, in some being of a much more serious type than in others, and although the results of the antitoxin treatment have been less favorable in the former, enough encouragement has been obtained all round to induce the speaker to persevere with it.

Dr. von Ranke said that under the old methods of treatment his average mortality was 46 per cent., the highest, 57.7 per cent. Since he has used the serum, it was 17.7 per cent., and the change in the clinical course of the disease was also very marked. Before, it was progressive. In cases of croup, if it was necessary to intubate the patients, the tube could be removed much earlier than would otherwise have been possible without the serum treatment. If antitoxin was not a specific in diphtheria, at least it was a most powerful remedy.

Dr. Lennox Browne said he was not altogether opposed to serum injections in diphtheria, but he was watching the treatment, and had arrived at very different conclusions from that of Dr. von Ranke. Antitoxin had no influence over nephritis. He thought statistics should not be too much insisted upon. "Antitoxin and classical treatment contrasted showed much the same result."

Dr. Baginsky, of Berlin, said that before the introduction of the serum treatment the mortality from diphtheria had been appalling. He began the use of antitoxin in March, 1894, prior to which time from forty-one to fifty-eight per cent. died; now the mortality was no more than fifteen per cent. and in the best class only five per cent. The whole character of the disease had been changed. True, they had still some cases of failure of the heart, but only in mixed cases that had come late under observation; probably had they been seen earlier these patients would have lived, for he had never lost one from cardiac complications when the case had been under his care from the commencement of the complaint. If some patients had nephritis it was not a recent development. The mortality of cases with laryngeal stenosis before the serum was introduced was sixty per cent., but only twenty-one per cent. since. He thought he had some little excuse for his enthusiam.

ÆSOP UP TO DATE.

One views these things, said Br'er Fox,
  According as his light is.
I do not doubt these grapes are sweet,
  But I fear appendicitis.

—Chicago Daily News.

HOSPITAL WORK. JULY 15 TO AUGUST 15.

BY J. A. STOUTENBURGH, M. D.

COLUMBIA HOSPITAL.

SERVICE OF DR. J. W. BOVEE.

Curettage for endometritis, three cases.
Dilatation and curettage for dysmenorrhœa, two cases.
Curettage and perineorrhaphy.
Curettage and trachelorrhaphy, eight cases.
Curettage, trachelorrhaphy and perineorrhaphy.
Curettage and morcellment for fibroma uteri.
Amputation of cervix.
Operation for recto-vaginal fistula.
Incision peri-rectal abscess.
Colliotomy for appendicitis.
Colliotomy for fibro-cyst of the ovary.
Colliotomy for dermoid cyst of the ovary.
Salpingo-oophorectomy, double, for tubo-ovarian abscess and pyosalpinx.
Salpingo-oophorectomy, double, for ovarian abscess and pyosalpinx.

PROVIDENCE HOSPITAL.

SERVICE OF DR. J. W BOVEE.

Curettage, two cases.
Trachelorrhaphy and curettage.
Perineorrhaphy.
Vaginal hysterectomy for carcinoma uteri.

FREEDMEN'S HOSPITAL.

SERVICE OE DR. D. H. WILLIAMS.

Excision of head, trochanters and three inches of shaft of femur for tubercular osteo-myelitis.
Suppuration in mastoid antrum and cells —Septic thrombosis of lateral sinus.
Restoration of perineum.
Pudendal phlegmon.
Supra-vaginal amputation of uterus and ovaries for suppuration.
Compound comminutive fracture of skull —Ligation of posterior meningeal artery and replacement of fragments.
Recto-vesicle fistula.
Extirpation of tubercular cervical lymph glands.
Abdominal hysterectomy for suppuration in tubes and ovaries.
Extirpation of lipoma of thigh.
Salpingo-oophorectomy.

EMERGENCY HOSPITAL.

SERVICE OF DR. JAS. KERR.

Excision for recurrent carcinoma of breast.
Amputation of fore arm at upper third for railroad injury.
Theirsch's skin grafting for ulcer of the leg.
Compound fracture of leg, two cases.
Osteotomy for deformity following Pott's fracture.
Herniotomy.
Double herniotomy.

SERVICE OF DR. H. L. E. JOHNSON.

Ovariotomy, two cases, for ovarian cysts.

SERVICE OF DR. S. M. BURNETT.

Tenotomy for internal strabismus, three cases.
Cataract extraction.

CHILDREN'S HOSPITAL.

SERVICE OF DR. T. E. MCARDLE.

Circumcision, two cases.
Erasion of hip joint, two cases.
Erasion of jaw.
Excision of hip joint.
Colle's fracture, two cases treated.
Fistula in ano.

SERVICE OF DR. S. M. BURNETT.

Tenotomy for internal strabismus.
Plastic operation on lower lid.

GARFIELD HOSPITAL.

SERVICE OF DR. J. VANRENSSELAER.

Reduction of fractured humerus.
Radical operation for hydrocele.
Exploratory laparotomy for suspected appendicitis.
Herniotomy and unilateral castration.
Sequestrotomy.
Excision enlarged inguinal glands.

SERVICE OF DR. H. D. FRY.

Ventral fixation for retroflexion and prolapsus uteri.

SERVICE OF DR. J. TABER JOHNSON.

Removal of uterus and appendages for malignant disease of the cervix.

Dilitation and curettage for endometritis.

SERVICE OF DR. A. L. STAVELEY.

Operation for hypospadia.

NEWS ITEMS.

Alumnol is now used quite extensively at the Philadelphia Polyclinic. Dr. Cantrell says he has prescribed it in over a hundred cases as a powder mixed with starch, one to three; as an ointment, twenty grains to two drachms to the ounce; and as a solution in the proportion of two drachms to the ounce of water.

The University of Edinburgh has conferred the degree of LL. D., on Dr. S. Weir Mitchell, of Philadelphia. The Journal says that, "As Dr. Mitchell has this title from another University, he is now, indeed, a double LL. D." In the University oration he was described as, "The chief ornament to Medical science in the new world."

A recent writer to the Journal says: "The professien has deliberately prostituted itself into a great machine for producing fraud by its immense hospital work. The real poor should be treated by the State, and the medical aid should be rendered by a system of State service similar to the Army, Navy and Marine-Hospital bodies.

Many persons will not eat a grape seed for fear of its becoming lodged in the appendix. Yet Dr. Polk says that he never knew of but one case due to this cause. Dr. McBurney says that he never knew a case of appendicitis caused by a grape seed, although he has found such a seed in an appendix incidentally removed, the appendix being in a healthy condition.

Dr. A. L. Smith, of Montreal, in a paper read before the American Medical Association, says: "The electrical treatment of fibroids, reduced to the above simple equation and stripped of all the extravagant claims which were at first made for it, stands to-day upon a foundation so strong and true, that it will find an honorable place in the treatment of fibroids as long as women shall dread to die by the surgeon's knife, which I believe will be as long as the world shall last."

Dr. Louis Fischer, of New York, who has probably used antitoxin as extensively as any other physician in this country, says that before the introduction of this remedy his mortality in diphtheria was about 55 per cent. Since his use of antitoxin, his mortality has been reduced to 15 per cent., and he now decleres that he would as soon think of treating intermittent fever without quinine, as to treat diphtheria without antitoxin.

A strong decoction of cinnamon is recommended for cancer. One pound of Ceylon sticks is boiled in a closed vessel for eight hours in three pints of water until the water is reduced to one pint, pouring off without straining. The patients drink half a pint every twenty-four hours, divided into doses to suit the patient. In five cases reported marked improvement in all the symptoms followed.

An editorial in the Kansas Sanitarian calls attention to the necessity of weighing the baby. By so doing it is often discovered that an infant is not prospering, although there are no pronounced symptoms of disease. The baby should be weighed regularly, and a careful record kept. Just's Food Company, of Syracuse, New York, has issued a convenient chart for recording these weights. It is both simple and valuable, and is for free distribution.

To-day the thermometer is 98 in the shade; and we open an exchange just received, to find particular directions given for the Treatment of Frost-Bites! This is in the nature of sending heavy flannels

to the missionaries in Africa; preaching to the natives in Northern Alaska of a warm place to which all bad people must go; and recommending St. Louis as a place in great need of a Medical Journal.

Boys, and girls too for that matter, will be interested in reading an article in the British Medical Journal which argues against early rising. Early rising, the writer says, is a sign of advancing age. Physiology is also against it. Man does not work his best in the early morning, as is generally believed, but about midday. It is not a sign of vigor and strength to rise early, according to this writer.

Measles is a more serious disease than is generally considered. It is a great error to think that we do children a kindness in exposing them to measles. One case of measles in a school should cause the closure of the school until it can be definitely ascertained that all danger of contagion is past.

Always empty the alimentary canal before employing opiates and astringents in diarrhœa. Either calomel or castor oil should be given until there is sufficient purgation, then some intestinal antiseptic can be used, as benzo-naphtol. The dose of this drug for a child is from one to five grains every two hours.

One of our exchanges carries an illustrated advertisement. There is a picture of a handsome young mother holding the sweetest kind of a baby in her arms. All we see beneath the picture is, "Price $2.60 per dozen."

A patient recently informed us that her mother was not in good health, and, therefore, was living in a milder climate. In reply to the inquiry concerning the disease which caused her mother's absence, she replied, "She has the asthma, bronchitis, pneumonia and some affection of one of her lungs."

Dr. Bedford Brown, of Alexandria, has an article in The Journal on The Treatment of Smallpox by the Internal Use of the Tincture of Iron. He has treated 150 cases with a mortality of not more than three per cent. The large number of cases, and the small death-rate, are certainly worthy of a more than passing notice.

The Texas Medical Journal reports a case where a patient swallowed four tablets of bichloride of mercury of 1.41 grains each, a total dose of over 5½ grains. A pomorphia was given hypodermically, followed by egg albumen. The case made a prompt recovery.

The editor of the Gross Medical College Bulletin, Dr. Carey K. Flemming, says that Philadelphia is undoubtedly the medical center of America. Over two thousand medical students were in attendance in the various schools of the city this last year. At least one half of all the medical books written or published in this country emanante from this great medical center.

Gastrodiaphanoscopy is the concise and euphonious name given to a new method of examining the stomach by means of the gastrodiaphanoscope. In examining the patient with this instrument, great care should be used never to mention its name for fear the patient will immediately succumb from shock.

The Alienist and Neurologist says that inebriety can be cured in about one-third of the cases. There must be complete compulsory and prolonged abstinence. Without this there is no chance whatever of recovery. Suitable treatment should be given the nervous system. The treatment should be continued for at least one year.

George Keil, 1715 Willington street, Philadelphia, announces the early publication (fourth edition) of the "Medical and Dental Register-Directory and Intelligencer," for the states of Pennsylvania, New York, New Jersey, Maryland, Delaware and the District of Columbia. It will present not only a complete list of all medical and dental practitioners in the states named, with place and date of graduation, but also lists of professional educational institutions, hospitals, asylums, etc., etc., and will be of much practical value to all members of these professions.

THERAPEUTIC NOTES.

If your dyspeptic patient is "out of sorts" with loss of appetite, give him two or more teaspoonfuls of Seng before each meal; an appetite will soon succeed his heretofore indifference to food.

St. Luke's Home, of Boston, one of the oldest and most conservative institutions in that city, writes to the Maltine Manufacturing Company that Maltine with Coca Wine "Is doing wonders for our patients."

The difference between the "King Syringe" and the ordinary syringe, is that the former is exactness, and the latter is guess-work. Exactness beats guess-work on every trip. Get a King Fountain Syringe with thermometer attachment.

Chionia, the hepatic stimulant is attracting much attention in the medical profession. Its physiological action is that of a gentle stimulant to the liver and portal circulation, encouraging normal action of that organ. It is not considered a cathartic specifically.

J. B. Colgrove, 1700–15th St., Washington, D. C., says he has used several of the most celebrated lithia waters, and he does not hesitate to pronounce the Columbia Lithia Water the best. He especially recommends it as a table water, as it can be obtained fresh, and is absolutely unequaled for this purpose.

Dr. J. M. Abbott, of Macon, Florida, writes to the Theo. Metcalf Co., of Boston, as follows: "Gentlemen:—I thought I was using the best preparation of Kola that I could, but found myself most agreeably mistaken. For smallness of dose, and therapeutical effect Kola-Koloid cannot be excelled, if it can be equalled."

J. E. O'Conner, M. D., of Leicester, England, says that he finds Sanmetto the best remedy he can prescribe in cases of urethritis. He reports such a case in which the patient had been previously treated with a number of standard drugs without effect, and yet all the symptoms readily yielded after the administration of Sanmetto.

The recollection of our childhood days is such that we have no particular longing after castor oil. We fear if we had been given Laxol, "the new castor oil," our memory would not have been trained as well as it was; for Laxol has none of those delightful and charming characteristics which make the memories of the old oil linger in the mouth for many years! Laxol is castor oil prepared in a form which makes it tasteless.

A late number of the Detroit Journal contains an interesting account of the Kola Nut. It mentions particularly the enterprise which the house of Frederick K. Stearns & Company have shown in introducing the nut into this country. This article says that Stearns & Co., import about a ton of the fresh nuts every month. It speaks of the preparations made from this drug as being especially valuable to pedestrains, or bicyclists, who propose to make long journeys, as it enables persons to undergo extraordinary fatigue.

Dr. Heine Marks, Supt., of The St. Louis City Hospital, says he has given Pineoline a thorough trial in the wards of the St. Louis Hospital, in the treatment of the various diseases of the skin. He first tried it in a case of Seborrhœa of a chronic nature of the scalp, face and arms. He says, to his unqualified surprise and delight, in two weeks the eczema had entirely disappeared, and it has not returned since. He has used Pineoline in from twenty to thirty cases of the various forms of eczema, and always with admiral results.

Antikamnia and Salol make an ideal combination for a large class of intestinal affections. Prof. Hare regards Salol as one of the very best antiseptics for the intestinal canal, while large numbers of physicians will certainly agree with him. For the relief of pain, it is generally accepted that antikamnia answers every condition; while to quiet the nervous system, and to reduce any fever which may be present, it is equally efficacious. These two drugs are now prepared in tablet form; each tablet containing 2½ grains of each of the drugs.

The well known firm of Renz & Henry has been dissolved by mutual consent. Mr. Renz has purchased Mr. Henry's entire interest in the business. Mr. Henry has purchased the entire interest of Mr. Renz, in the Renz & Henry Pharmacal Co., and is now the sole owner and proprietor of said Pharmacal Company. The preparations of the Pharmacal Co., are well known to the profession and we have had frequent opportunity to call attention to the success with which they were used.

In line with the ever progressive spirit which seems to animate the pharmaceutical guild, the Mellier Drug Company, of St. Louis, in addition to Tongaline, liquid, now present that most reliable rheumatic and neuralgic agent in tablet forms. For those cases, which in addition to the rheumatic and neuralgic features, exhibit any excess of uric or lithic acids, they make Tongaline and Lithia tablets, Tangaline 5 grs., Lithium Salicylate 1 gr. Where the rheumatism and neuralgia is accompanied by malarial conditions, they have Tongaline and Quinine tablets, Tongaline 3½ grs., Quinia Sulph. 2½ grs. Samples and literature mailed on application to the Mellier Drug Company, 2112 Locust St., St. Louis.

M. D. Peck, M. D., Washington, D. C., writes to Just's Food Company under date of August 9th, as follows: "At the suggestion of a professional friend, I tried your Food on a little patient six weeks old. The infant had lost over two pounds in weight since birth, and the bowels and stomach were in a very bad condition. The stomach would scarcely retain any food; while the diarrhœa was most persistent. I gave your Food, according to directions, and the result was an improvement in every way within a few hours. The vomiting ceased, and the bowels were soon in a normal condition. In two weeks the two pounds lost had been regained, and now, after the lapse of some weeks, the child is perfectly healthy and prospering in every way."

We are always pleased when our advertisers change their copy from time to time as by tactful display our advertising pages preach new sermons even if not always from new texts. The best bill of fare grows tiresome to the eye as well as to the palate if it is never varied. Even that old familiar standby "pork and" conjures up a fleeting vision of an insatiable appetite that flourished to the everlasting depletion of our weekly grub allowance in the days of auld lang syne and looks more alluring when given a new typographical setting. More attention is given now than ever before to the writing and neatly attractive printing of medical "ads". Truly this is the era of the advertisement carpenter and the bicycle. Sharp & Dohme preach a new sermon this month on page 4. Their subject is Hypodermic tablets; their text, "Let them dissolve".

The fact that within the last three years no less than one hundred and thirty original articles on Aristol have appeared in the medical press demonstrates that this product has aroused general interest. Aside from this its use is also frequently alluded to in reports of surgical and gynecological cases, and of cases of diseases of the eye, ear, nose and throat. What is especially striking is the marvellous cicatrisant property of this drug. While perfectly devoid of the least irritating effect upon the most sensisive cutaneous and mucous surfaces, Aristol exerts a continuous antiseptic influence, dries up profuse secretions, arrests suppuration, alleviates pain and promotes the rapid formation of healthy granulation tissue. It has been employed with notable success in the treatment of severe burns, and according to the experience gained in the Clinic of Prof. Mosetig Moorhof in Vienna, The Hospital St. Louis in Paris, Prof. Seifferts Clinic in Wurzburg, the City Hospital in Trieste and many hospitals in this country, the results have been excellent and sometimes astonishing.

The subject of gauze dressings, and especially a consideration of what is the proper standard for gauze, has recently been very much discussed. A very readable summary of the question is contained in a monograph of twenty-four pages issued by Johnson & Johnson, in which is discussed gauze cloth, its nature and use. Quality required for sur-

gical dressings. Comparison of gauze used by various manufacturers annd hospitals. Authoritative processes and formulas as given by surgical authorities used in hospitals. Authoritative works including those for the manufacture of Linton Moist Gauze. Standard for gauze as discussed by leading authorities including Lister's standard, and a discussion of the finished basis upon the strength of the solution adjusted definitely to the measure and weight of the gauze. The book also contains a discussion of moist and dry dressings, and an explanation of the so-called "comparative tests" for gauze.

Extract from a paper on Acute Mania, read before the Academy of Medicine of Cincinnati, May 13th, 1895, by W. H. DeWitt, M. D. The medical treatment of these cases is very simple, and can be disposed of in few words. To procure sleep and quiet is perhaps the greatest desideratum, and I know of nothing so certain in its action as chloral hydrate, given in 40 or 60 grains. It may be given alone or combined with one of the bromides. The "Bromidia" of Battle & Co. I have always found very reliable. It is almost certain to quiet and produce sleep. You will occasionally meet with cases that resist the influence of chloral even in large repeated doses; here opium or some one of its derivatives, either given alone or in connection with the chloral, will be found of service. If hypodermically administered, not less than ½ gr. should be given. Small doses only excite the patient, and do more harm than good. Hydrobromate of hyoscine has some advocates. The milder hypnotics, such as sulfonal, chloralamid, etc., are not to be thought of in these cases; they are practically inert, and do no good.—Lancet-Clinic, June 22, 1895.

It is not often that we hear of a patient who is made to undergo three such serious diseases as la grippe, diphtheria and typhoid fever in rapid succession. But such was the case with the daughter of Dr. Wm. C. Boteler, of Kansas City, Mo. In a recent issue of the North American Medical Review, of which Dr. Boteler is editor, a description is given of the case of his daughter, now four and-a-half years old. After suffering with an unusual attack of la grippe, dipptheria developed, as diagnosed by the Klebs-Loeffler bacillus. She had not recovered from this, in fact was attenuated to a dangerous degree, when she was stricken with typhoid fever. From a weight of forty pounds she was reduced to twenty, with almost total disability. Dr. Boteler describes her condition at this time as something most pitiable. He then began the use of Paskola; and this is the way his report closes: "Its effects seemed instantaneous. She has taken the medicine now over a month, is playful, well, and weighs thirty-four pounds. I can pay no better tribute to your worthy preparation than to say from this and other cases, I consider it the very best regenerative known to the profession."

Dr. A. L. Hummel has removed his Medical Journal Advertising Agency from Philadelphia to 108 Fulton Street, New York. The latest advice from Dr. Hummel, who is in the far west, is that he notes a marked improvement in his condition.

The Popular Science Monthly always has a number of articles of especial interest to physicians. The August number contained an interesting article on the Effect of Exercise on the Mind. Other articles of interest to physicians are Defective Vision in Artists; How Ideas Spread; Possible Uses of Argon; and the Power of Faith. A number of interesting papers are promised for the September number.

THE

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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Chloroform in Parturition.

Dr. Bedford Brown, of Alexandria, read a valuable paper before the section of obstetrics at the Baltimore meeting on the therapeutic action of chloroform in parturition. The paper was a most careful review of the whole subject from a theoretical as well as practical standpoint. Theoretical, because Dr. Brown is well read in such matters; and practical because he has had over three thousand obstetrical cases, one-half of which were subjected to chloroform in more or less degree, and without a single serious result. Dr. Brown says that there are probably twenty cases of parturition to one of surgery, in which chloroform is used; and yet there is not the one-hundredth part of mortality in the former, as in the latter. A most careful investigation has failed to find more than forty deaths from chloroform in labor, the whole world over, and since anæsthetics first came into use. Some high authorities declare that not over three deaths have occurred in all this time. Dr. Brown says he has seen it given every half hour for twenty-four hours with no evil results. He has now used it over a period of nearly forty years, and yet has never seen the least unfavorable result either to mother or child. His experience leads him to conclude that the stage of parturition renders a woman immune from the evil effects of chloroform. The question then arises, what is there in the state of pregnancy or parturition that gives the patient this immunity? After considering this carefully, Dr. Brown says he is constrained to believe that this immunity is due to the wonderful development of the force, strength and power of the vasomotor system of the pregnant woman. Dr. Brown also believes that chloroform actually shortens the duration of parturition, while, of course, it renders labor easier. Properly given, it is possible to relieve the pain without impairing the force of the uterine contractions. Chloroform also tends to prevent lacerations, while it certainly does nothing to promote post-partum hemorrhage. Chloroform is not only a blessing to the patient, but to the physician also. The physician's life would be dreary, unsatisfactory and even repulsive without this means of relieving human suffering.

Bone Setters.

An interesting article in one of our exchanges leads us to observe that we once saw a remarkable exhibition of the natural skill which the Sweet family possessed as bone setters. An acquaintance had been unable to bear his weight on his right foot for some four months, owing to a severe sprain of the ankle joint. A number of regular physicians had tried

to give relief, but in vain. Among the number was a professor of surgery who had a "large and lucrative practice." Notwithstanding the protests of physicians and relatives, our young friend was determined to test the skill of one of the Sweets. He returned from his visit within a week and without his crutches. The ankle only lacked strength in order to be as good as ever. But our friend declared that he would have his foot amputated before he would suffer again as he did while under the manipulations of the bone-setter. In this case it is probable that all the bone-setter accomplished was to break up bands of adhesion. But the natural bone-setter is rapidly passing away, and the specialist is taking his place.

Right to Publish Photographs.

While, on general principles, we would decry anything which favored the bringing of malpractice suits against physicians; yet, now and then, the temptation to do so, on the part of a patient, must be very strong. A new question has recently arisen whether a surgeon has a right to publish articles illustrated by photographs of his patients, when said photo-engravings were made without the consent of the patient. Recently Dr. A. C. Bernays of St. Louis, has been sued for $15,000 damages because he illustrated an article with a photo-engraving of a child six years of age, showing the girl nude above the waist. It appears that some 30,000 reprints of the article were sent to physicians. The mother claims that the photograph was obtained at Dr. Bernays' request, who stated it was for his own private use. So far as we know, this is the first time such a case has been before the courts, and the outcome will be awaited with much interest. It has often been a source of great surprise to us how respectable persons could give consent to the use of their photographs after the manner described above. It never occurred to us that this was ever done without the consent of the parties.

The Preston Retreat.

Dr. Joseph Price has forced from the present Superintendent of the Preston Retreat, Dr. R. C. Norris, the admission that there has been one death in the Retreat since his term of office began, some nineteen months since. As Dr. Price had over fourteen hundred cases without a death, so now it appears that Dr. Norris did not accomplish so very much for himself by his vigorous attack. Still the doctor succeeded in getting his name in print, and probably his ambition is satisfied. Once a mosquito lighted on the back of a lion and drew blood from the mighty monarch. He then flew to the topmost branch of a neighboring tree and loudly proclaimed his victory. When a friend of the lion called his attention to the boastings of the mosquito, the lion quietly replied that he did not know any one had disturbed his slumber.

Electrolysis in Nasal Work.

At the recent meeting of the American Laryngological Association held at Rochester, N. Y., a paper was read on the employment of electrolysis for the reduction of spurs of the nasal septum. As this subject was under discussion before the Medical Society of this city, only a few months ago, this late discussion at Rochester is especially interesting.

Dr. J. E. Newcomb, of New York, said it was impossible for us to fully credit the statements made by certain French writers, who distinctly state that deviations and bony excrescences could be removed by electrolysis. In his own work he had demonstrated that in cases where the septum was deviated and thickened, electrolysis would remove

some of the thickening, and so relieve some of the symptoms of obstruction.

Dr. W. H. Daly, of Pittsburg, said that while he had not entirely abandoned electrolysis, he felt that with the cartilage-knife, saw and trephine at our command, it was like a waste of time to resort to electrolysis—indeed he believed that electrolysis was more a theory than a fact, and in the treatment of spurs and bony protuberances in the nose, where he had succeeded, it had not been due to true electrolysis, but to a condition akin to a mild cautery action. If this be admitted, then why subject the patient to the danger of inflammation of the middle ear, to traumatic septicæmia, and to prolonged discomfort, when by a slight application of cocaine, followed by the employment of a sharp knife or saw or trephine, the spur could be quickly and easily removed. Those who, like himself, had been specialists in this department for many years were inclined to throw aside many of the frivolous and toylike appliances, and to rely more and more upon simple common-sense and efficient methods.

Dr. Shurly, of Detroit, said that he could not see the sense of resorting to electrolysis of bony tissues; it seemed to him about as sensible to attempt to amputate a thigh by cauterization, as to remove these spurs by electrolysis, when it could be so much more easily and quickly done with the knife or saw.

Dr. Jonathan Wright, of Brooklyn, said that he had had a slight experience with electrolysis, and it had proved very unsatisfactory.

Dr. Ingals, of Chicago, said that he had had no experience with electrolysis for this purpose, but that in some cases of cartilaginous obstruction it could be removed by the galvano-cautery in one tenth the time that would be needed for electrolytic needles. A galvano-cautery electrode with a small point, half an inch long, could be brought to a white heat and passed directly into the cartilage. This would cause absorption or destruction of the projection with no more discomfort than that from an ordinary cauterization. There are few if any cases where simply puncture with the galvano-cautery was not quite as efficient as the operation, was much less painful and infinitely shorter.

The whole discussion, as given in recent numbers of the New York Medical Journal, is almost entirely to the effect that electrolysis is a slow and altogether unsatisfactory method of treating spurs or deviations of the nasal septum.

Longevity of Medical Men.

The National Popular Review, of San Diego, Cal., says: "From the National Medical Review we learn that out of two hundred members belonging to the Medical Society of the District of Columbia only three have passed the age of seventy years, and only thirteen have reached that of sixty-five. Of all the deceased members of the past seventy-five years only twenty-eight reached the age of seventy. As strange as it may seem, the church sexton and grave digging fraternity and the clergymen can make a far better showing. Of all those who surround the bed of the sick, from the lawyer who draws up the will and obtains more for half an hour's work than the physician receives for six months' attendance, to the clergyman who looks after the spiritual safety, and the sexton who attends to our last ceremonials, and the grave digger who sees him professionally interred, the doctor has the shortest average life—between the others it is an even chance in the race, with some ten or fifteen years better chances than the doctor's. Arterial sclerosis is the greatest enemy of the latter, and the degenerative changes which induce it

are the doctor's great life shorteners. Even the unhygenic effluvia which arises from a newly made grave in an overstocked graveyard is not as fatal to health and long life as the wear and tear that the exercise of our profession entails upon its members. It is noticeable that the present increased amount of study, closer application, and closer confinement to hospital service demanded of students, is seriously telling upon the physique of the new entries to our ranks. Many go through the preparation only to find ruined health and a waiting grave as a recompense for all their toil, application and devotion, when ready to begin their professional life."

The Cigarette Habit. At the meeting of the American Laryngological Association, recently held at Rochester, New York, Dr. Ingals, of Chicago, said he could not assent to the doctrine of the local harmlessness of tobacco. He had seen pronounced tracheal cough result from its use. Dr. Carl Seiler, of Philadelphia, said that the habit of spitting which smokers had did more harm than the smoke itself. The constant loss of saliva was a direct cause of dryness of the pharynx. Dr. Langnaid said one of the most serious injuries caused by tobacco was its destruction of the power of consecutive thought. This was probably due to the slow but steady narcotism. He also believed that pipe smoking was more injurious than was generally believed. The large mass of fire in the bowl and the hot stem of the pipe kept the mouth in such a heated condition that abnormal changes were produced.

Perfect Health to Intellectual Brilliancy. It appears we cannot have both. To be perfectly healthy is to conform ourselves to the patient ox. To be intellectually brilliant something must be wrong somewhere. At least this is according to the latest statements of Prof. Dana. However, to Prof. Dana cannot be given the credit of first presenting this idea, as it has been known for sometime that many of our most brilliant men have been degenerates. There is one unfortunate thing connected with this discussion, and that is, it gives a lot of disagreeable persons some authority for them to continue in their annoying and unpleasant course. In fact, they rather glory in their peculiarities, having heard that great geniuses are noted for their eccentricities.

Trephining the Skull. Dr. John Ashhurst, Jr., Professor of Surgery in the University of Pennsylvania, has performed the operation of trephining the skull forty-one times. Of these cases, twenty ended in recovery, and twenty-one in death, a mortality of a little more than fifty per cent. In discussing these cases in a communication to a late number of the International Medical Magaxine, Dr. Ashhurst says there is not as much urgency in operating upon compound fractures of the skull as there is in a case of compound fracture in the extremities. In the latter, the sooner the operation is done, if the patient is able to bear, it, the better. But this is not so in compound fracture of the skull; and the proportion of recoveries is larger in delayed cases than when the operation is done immediately. Trephining was performed in three cases of epilepsy, all the patients recovering. In one case there was an improvement, but in the other two there was no change. Although he had operated in twenty-one fatal cases, yet in only one case did the operation seem to have been responsible for the patient's death.

Hemorrhage from Tonsils. At the last meeting of the American Laryngological Association a paper was read on the Removal of the Tonsils.

Dr. Ingals, of Chicago, said he had found bleeding more common in children whose tonsils were not large at the time of operation, but in whom removal seemed indicated. Cocaine did not anæsthetize, and it promoted bleeding. Dr. Daly, of Pittsburgh, thought that more bad surgery had been done on the tonsils than any other part of the body. He had had four or five alarming hemorrhages. Dr. Shurly, of Detroit, had had two hemorrhages in children. He said we should always be prepared for an abnormal distribution of vessels.

Electricity in Nervous Diseases.

At the meeting of the American Electro-Therapeutic Association, held in September, at Toronto, Dr. F. B. Bishop, of this city, read a paper on "Some experiences with static electricity in the treatment of functional diseases of the Nervous System." While the paper reviewed the whole subject in a very comprehensive manner yet the part most valuable refers to apparatus originally designed by the author. Dr. Bishop says he has never yet been able to even temporarily relieve a case of sciatica by static electricity. He has had no better success with writer's cramp, trigeminal neuralgia, and other neuralgias. Dr. Bishop has made a modification of the static cage, as first suggested by Dr. Kellogg, of Battle Creek. Dr. Bishop's cage has tinsel brushes on the inside, instead of wire points, and is suspended over a metal covered platform, while the platform and cage are attached to the static machine by heavily insulated copper rods. By this method, the patient can be surrounded by a perfect shower of electricity, coming from the tinsel brushes and the metal platform. Dr. Bishop says he has had marked success with this cage in treating cases of simple anæmia, chlorosis, chorea minor, hysteria and neurasthenia. At the meeting at Toronto, Dr. Bishop had photographs of his cage and static machine which were exhibited to the members.

Condurango.

Our attention is again called to this once famous drug by an article in the Therapeutic Gazette. From this article we learn that Pinz, Friedreich, Heilighenthal, Obolinsky and Wilherney, in Germany, have accorded to this drug a real curative action in cases of cancer of the stomach. A number of Italian authors admit that it has influence over the pain. A number of authorities are quoted as having said that while they had no curative success with this drug, yet they noted considerable general and local amelioration. Numerous cases of amelioration and decrease in cancerous tumors have been reported. It has power to calm the pain of cancer of the stomach, of diminishing and often arresting the vomiting, of having a beneficial action on the hæmatemesis, and of increasing the appetite. The writer of this article says, however, that condurango benefits the digestion and nutrition of the patient, and thus the general condition is greatly improved; but it is not a specific for cancer, and does not cure it. It is surprising indeed to again see the old discussion on this cancer specific revived. And even more strange is it to find such good authorities holding to its curative properties.

Value of Sample Copies.

We hear so much about "genuine circulation" that it is quite refreshing to read anything about sample copies. Publishers and advertisers alike love to place great stress on the former, as if a sample copy was one of the most useless things in the world. However, a recent writer in Printers' Ink says that when direct returns must come from an ad "a sample copy circulation is the best circulation, and worth twice or thrice the

price of a paid circulation." This writer brings out the fact that the sample copy is always appealing to new people, who, seeing the publication for the first time, read it with more avidity then they do a periodical with which they are intimately acquainted. He said that in spite of the popular prejudice against sample copies, they "are widely and discriminately read." The majority of people who receive a sample copy examine it carefully, ads and all, to get an idea of what it is and what it represents. We believe there is a great deal of force in these statements. The old reliable journal is laid aside until a convenient moment comes for its perusal; while the new journal catches the eye and attracts the attention for the time being. To our mind, there are certain preparations which would profit almost entirely by a sample copy circulation, while other products would do best before the old reliable list.

Discounts this City.

We have had occasion before to call attention to some of the evils of the dispensary system of this city, whereby a large number of patients, in comfortable circumstances receive free treatment to the injury of many young physicians. But, according to the Colorado Climatologist, the conditions about Denver are more deplorable than here. This journal says that a house to house canvas has been made through West Denver with the idea of soliciting patients to leave their regular family physicians and attend the dispensary. Even the druggists are trying to sell and get away because of this injury to their business. While such injustice to the profession, and such abuse of charity could scarcely be excelled, yet we fear the evils of free dispensary work are growing larger and larger. The inconsistency also of the thing is seen in that the medical student insists on having the advantages of large dispensary service, only to find, so soon as he has his diploma, that his former demands were so freely granted that not a single supply is left. There is a natural medium ground, and faculties, students and the profession at large should at once proceed to settle things on a more equitable basis.

The Wheel! The Wheel!

We do not believe any but the extreme devotee believes that the present craze for a wheel will long continue. That the wheel has come to stay, none dispute; but who can believe that every one is to remain excited over a method of locomotion which makes enthusiastic riders maintain for hours a most unnatural and injurious position of the body? Did the society for the Prevention of Cruelty of Animals think one-half as much of members of the human race, as they appear to think of old dogs, sick cats and street car horses, they would see to it that many of the evils of cycling be corrected. If the riders will maintain anything like the position which nature intended the human form to take; and if racing be elevated from the present exhibitions of brute force, then some of the objections will be removed. At present, one only has to be willing to look in order to see all kinds of deformed creatures flying through the streets without the slightest regard to the safety of others. To all lovers of the wheel we would suggest that they make an honest effort to correct these evils before this most valuable exercise be brought into disrepute.

Curiosity and the Cat.

The old adage that curiosity once killed a cat may not be so far from the truth after all. Dr. A. J. C. Skene, of Brooklyn, has recently said that a great many women were made invalids from constant nagging just as from constant petting.

He says he knew a case where a man continually tormented his wife for twenty years by exciting her curiosity and then never gratifying it. She gradually became worn out and died. The nagging, tormenting, excessive petting and extreme restraining, to which many children are subjected, is enough to make them naturally grow into the invalid habit, if such a thing be possible. As Dr. Skene says, if spoiled children continue to be spoiled, they are likely to become chronic invalids, if they are ever invalids at all. There is deep philosophy in the old adage about the cat.

One Cow's Milk. One physician writes that care should be used to obtain milk for the child from one cow. Another equally competent writes that one cow's milk is not best because if that cow be sick, the whole food of the child will be contaminated. In not a single article have we seen the author suggest that one cow's milk is best, provided the parents are satisfied that the surroundings for the animal are of the very best, and that the animal itself is young and healthy. When such circumstances are known to exist, how much better will be the milk from the one cow, rather than mixed milk from a whole herd, the individual history and collective surroundings of which are unknown. Neither one cow't milk nor the mixed milk of a whole herd can be declared to be preferable without taking into consideration other questions.

Almost Satisfied. We once knew a young lady who declared she was perfectly contented and satisfied with everything. "However," she said, "I sometimes wish my nose was not quite so large." (And it was an immense one). We are reminded of this as we read a recent article by Dr. Brodnax, of Louisiana, in the Charlotte Medical Journal. The doctor always writes as if he were pretty well satisfied and quite happy. In this recent article he says he thinks our bodies were made just about right; but he says there is one thing "that I think would have been an improvement." "If the esophagus had been put in front of the larynx it would have saved some from being choked to death." Quite a suggestion, and we trust future generations will take profit by it.

The New College Year. It is with a great deal of satisfaction that we are able to announce to our readers the many improvements taking place in the medical colleges of this city. There is a marked advance all along the line. In order that we all might be better posted, a letter was addressed to the dean or secretary of each of the four medical colleges asking for information concerning changes or improvements of any kind. From the letters received, we obtain the following:

Howard University. Dr. C. B. Purvis writes that the medical department of Howard University has just completed important changes in its building and in its course of instruction, with a view of not only comforming to the more advanced ideas pertaining to medical instruction but to facilitate the students in their efforts to acquire a medical education. Three years ago the four years course, of seven months each, was decided upon. A year ago the college was opened in accordance with this decision. Some difficulty was experienced in keeping the classes distinct and separate; to obviate this difficulty the faculty decided to enlarge its lecture room facilities so that four classes, if need be, can be taught at the same hour.

Students of the first year will be required to complete their course before entering the second, and the second before entering the third and so on. The

number of instructors has been increased. Students will have abundant opportunity for clinical observation and study.

The bacteriological room has been enlarged and refitted; the histological room has been increased by one third. Quite an outlay has been made for apparatus, microscopes, etc. The building has been heated throughout with steam.

The Pharmaceutical and Dental departments which are branches of the medical department have been placed in excellent condition and offer the best of advantages.

Medical students and the profession are invited to inspect the building and the various laboratories and lecture rooms.

Columbian University.

Dr. D. K. Shute, the Dean of the Medical department of Columbian University says that the bacteriological and histological laboratories have been entirely remodeled and a number of new Litz microscopes with immersion lenses have been added. The whole building is now lighted with electricity, including the two laboratories. Dr. Walter Reed, of the Army Medical Museum, has been elected Professor of Pathology and Bacteriology, and will at once begin his lectures. Dr. Jas. Kerr has been elected Professor of Clinical Surgery. Dr. Kerr will take the students in classes to the emergency hospital, twice a week, and will there give a clinical lecture for one lesson; and will operate at the next lesson, thus alternating the work through the year. When Dr. Shute was asked how he regarded the question of a day or night school, he replied substantially as follows: If this department was heavily endowed and was not in the least dependent upon the fees from students, still he believed that, without a single exception the faculty would declare in favor of evening lectures. For instance, take our immense museums, not excelled in the world, and they are closed to all students who attend lectures during the day; that is, the museums are not open evenings, the only time when day students could visit them. This is also true of our libraries. Human nature is the same the world over, and we must recognize the existing condition of things; therefore, we believe that there is no work in which young men could be better engaged during the long winter evenings than attending lectures or working in laboratories. Attending lectures during the day leaves these long evenings to be employed as the student wishes, not as the college demands. In other words, employment is one of the best and greatest preventives for evil. To be sure, this only applies to the few, but we are in duty bound to look after the interests of all. Do night schools turn out competent graduates? That is the test. Dr. Walter Reed, in his address to the graduating class of this department at the last commencement, said that three years ago there were thirty-five graduates, from a number of colleges and universities, who appeared before the U. S. Army Medical Examining Board, (of which board Dr. Reed was a member), and only three passed. One of the successful number was a graduate from Columbian University. Two years later thirty candidates appeared and only one was successful. Again was Columbian honored. Therefore, it appears from these, and other instances, that when the test comes, the graduates of a night school, not only equal but even excel the graduates of day schools.

Georgetown University.

The Medical School of Georgetown University has this year inaugurated a new departure. Convinced that the demands of a proper modern medical education are such that they require the student to

devote his entire time and energies to study, the faculty has determined to furnish the facilities for this method of instruction in Washington.

For the new class matriculating the present year instruction will be given during the day. The engagements made with the pupils who matriculated during former years will make it necessary to continue evening instruction for them, but this will gradually cease as class after class graduates until finally all the instruction will be given during the day as is the case with first-class schools in other cities. It will be possible in this way to secure adequate clinical and laboratory teaching which is very difficult under the night school system. The faculty of this school is of the opinion that the time is past when medicine can be studied as a secondary matter to be taken up in the intervals of a student's daily work. With the ever increasing scope of medical science it is becoming more and more necessary that such practices should be discouraged. The schools of Washington have already had to endure much hostile criticism from physicians elsewhere because they have so long adhered to this custom, and the new departure at Georgetown is in accordance with the general sentiment of the medical fraternity elsewhere.

Georgetown's teaching staff has been greatly benefited by the addition of several gentlemen whose eminence in their respective specialties easily places them in the foremost rank. The chair of surgery has been divided. Lt. Col. Forwood, Deputy Surgeon General of the United States Army, has kindly consented to give a course of lectures on military surgery, surgical pathology and operative technique. Dr. A. A. Snyder, with his abundant surgical material at Garfield Hospital will be able to afford most excellent clinical teaching. He will also lecture dedactically. Dr. J. W. Bayne, surgeon to Providence Hospital will give didactic as well as clinical lectures. Dr. J. Ryan Devereux, will continue to give his efficient instruction in minor surgery, bandaging and fracture dressings, which formed such an important part of last years practical work in surgery. Dr. S. S. Adams, attending physician to the Childrens, Sibley Memorial and Garfield Hospitals; the Washington Home for Incurables; the Washington Hospital for Foundlings and consulting physician at the Woman's Hospital and Dispensary has been elected professor of diseases of infancy and childhood. Besides his lectures at the college he will also give clinics at the Children's and Foundlings Hospitals. Dr. Hawkes, will also give clinics on childrens diseases at the Emergency Hospital. It is safe to say that no better advantages in this very important subject can be gotten any place. The chair of hygiene and military surgery will be filled by Dr. George M. Koeber, late of the U. S. A. Medical Corps. Dr. Koeber's experience where hygiene is of such great importance, in the army, particularly fits him for this important branch of modern medicine and will be of special benefit to those men who seek appointment in the medical corps of the army.

The acquisition of Dr. T. N. Vincent, attending physician to Providence Hospital, as professor of clinical medicine, has greatly added to our staff of practical instructors. Professors Bayne, Crook, Vincent, Callan and Cuthbert all of the Providence Hospital staff, will give special "bed-side" instruction to ward classes.

Georgetown will continue to have all former advantages at the Emergency Hospital together with the many new ones already enumerated.

National University. The dean of the medical department of the National University was unable to give an exact statement of advances and changes, as these were not completed at the time we were obliged to have the copy. Some changes have been made, and others were nearly completed, so that it is safe to state that the students of this department will have increased clinical facilities at their disposal. We shall hope to give a more detailed account of this department in our next issue.

Death of Dr. Jarvis. Dr. Wm. C. Jarvis, the skillful laryngologist, died at Willett's Point, N. Y., July 3d. Dr. Jarvis is best known to those who were not personally acquainted with him, as the inventor of a number of most practical instruments for nasal and throat surgery. The Jarvis snare, with its many modifications, has proven one of the most valuable surgical instruments of modern times. When but twenty-six, he was elected to the chair of laryngology at the University of New York. A Christian, a true philanthropist, modest and unpretentious, a life full of good deeds a record closed within forty years.

College News. We would like to meet the P esident of each of the senior medical classes with a view of making some arrangement whereby we can furnish our readers with interesting items concerning our medical colleges, their faculties and students. We will give one-half page to each of the four medical colleges for such a purpose; each half-page to be edited by the president of the senior class.

Formation of Quizz Classes. No one disputes that one of the most valuable aids which the medical student can bring to his college course is that which he receives from being quizzed. Realizing this Dr. J. A. Stoutenburgh will conduct a series of quizzies in any of the branches of study which the student may select. Quizzes will be conducted in classes, or in private. The following references are given by permission: Dr. Frank Baker, Professor of Anatomy, Georgetown University; Dr. D. K. Shute, Professor of Anatomy and Dean of Columbian University; and Dr. J. W. Bovee, Professor of Clinical Gynecology and Obstetrics, National University. For terms, hours, etc., apply at 1326 New York Avenue, at 1 or 5 p. m.

New Chief Dispensary Columbian Hospital. The executive committee of the Board of Directors of the Columbian Hospital have appointed Dr. Lewis P. Smith, of 1332 New York Ave., chief of the dispensary service of Columbian Hospital, the appointment to take effect at once.

Sleep for Children. A German specialist says: "Nature has recently pleaded for giving children more sleep." A healthy infant sleeps most of the first few weeks, and in the early years people are disposed to let children sleep as much as they will. But from 6 or 7 years old, when school begins, this sensible policy comes to an end, and sleep is put off persistantly through all the years up to manhood and womanhood. At the age of 10 or 11 the child is allowed to sleep only eight or nine hours, when its parents should insist on its having what it absolutely needs, which is ten or eleven at least. Up to 20 a youth needs nine hours sleep, and an adult should have eight.—N. Y. State Medical Reporter.

"I am willing to acknowledge that if a man has india-rubber or frozen fingers he can feel nothing; and that if he is blind and cannot feel he is not fitted for a surgeon; but I confess, moreover, that I am in no position to sympathize with such sufferers."—Jos. Price.

HOSPITAL WORK. AUGUST 15 TO SEPT. 15.

BY J. A. STOUTENBURGH, M. D.

COLUMBIA HOSPITAL.

SERVICE OF DR. J. W. BOVEE.

Curettage for endometritis, two cases.
Curettage for retained products of conception following abortion.
Curettage and exploration ef urethra.
Curettage and trachelorrhaphy, six cases.
Curettage and trachelorrhaphy and vaginal oophorectomy for dermoid cyst.
Perineorrhaphy and radicle cure for rectocele and cystocele.
Nephrectomy for pyelo-nephritis, with calculi.
Nephrorrhaphy for floating kidney.
Salpingo-oophorectomy, double; for pyosalpinx, double, and cystic ovary.
Salpingo-oophorectomy double, for pyosalpinx double, and ovarian abscess, double.
Salpingo-oophorectomy, double for pyosalpinx, double and ovarian abscess.
Hysterectomy for fibroma uteri.
Hysterectomy for myoma uteri.

SERVICE OF DR. J. F. SCOTT.

Cæsarian section at term, case of rachitic pelvis, true conjugate diameter one inch.

EMERGENCY HOSPITAL.

SERVICE OF DR. JAS. KERR.

Herniotomy, two cases.
Tendon suture extensor tendons of wrist.
Operation for osteo-myelitis of humerus.

SERVICE OF DR. H. L. E. JOHNSON.

Laparotomy for cystic ovaries, two cases.

SERVICE OF DR. S. M. BURNETT.

Cataract extraction.

CHILDREN'S HOSPITAL.

SERVICE OF DR. T. E. MCARDLE.

Amputation of leg at lower thigh for osteo-sarcoma of the tibia.
Abscess of neck, curettage. two cases.
Circumcision, two cases.
Reduction fractured humerus lower third plaster cast.

SERVICE OF DR. J. FORD THOMPSON.

Laparotomy for appendicitis.
Removal sarcoma of the hard palate and pharyngeal vault.
Curettage and drainage for osteo-myelitis of femur.

PROVIDENCE HOSPITAL.

SERVICE OE DR. J. W. BOVEE.

Curettage and trachelorrhaphy, two cases.
Curettage for endometritis.

GARFIELD HOSPITAL.

SERVICE OF DR. J. VANRENSSELAER.

Removal enlarged inguinal glands.
Exploration of bladder for stone.
Excision of knee joint.
Operation for vesico-vaginal fistula.
Amputation of leg for compound comminuted fracture.
Salpingo-oophorectomy for pyosalpinx and ovarian heamatocele.
Salpingo-oophorectomy for pyosalpinx.
Amputation of leg for osteo-myelitis of tibia.
Radicle cure for hydrocele.

SERVICE OF DR. A. L. STAVELEY.

Perineorrhaphy.
Drainage of pelvic abscess per vaginam.
Removal of breast and axillary lymphatics for carcinoma mamma.

SERVICE OF DR. H. D. FRY.

Dilitation and curettage, two cases.
Ovariotomy, double, for cystic ovaries.
Evacuation perineal cyst.

SERVICE OF DR. J. R. WELLINGTON.

Internal urethrotomy, and perineal section for urethral strictures.

THERAPEUTIC SUGGESTIONS.

An ointment of resorcin is recommended for favus.

To cut short a boil, apply a fifty per cent. ointment of ichthyol.

Tc abort erysipelas, paint the affected parts with campho-phenique.

Trional is gaining in favor as a hypnotic. The dose is from one-half to one gramme.

"The functions of the stomach are greatly improved by the internal administration of chloroform."

Local applications of a solution of salol, twenty grains in one ounce of ether, in cases of zoster, give marked relief.

The compound tincture of benzoin is recommended in cases of injuries about the hand, especially those by machinery.

Five-drop doses of the fl. ext. of eucalyptus are recommended for the distressing cough which accompanies measles in young infants.

Aconite in one-quarter drop doses every ten or fifteen minutes, until a full dose is taken, is the best way of administering the drug to children, says Prof. Hare.

Pilocarpine, administered in small doses barely sufficient to produce its physiological action, without excessive sweating, is one of the best galactagogues we possess.

In a case of acute laryngitis, reported to The Medical Record, the patient was perfectly relieved in thirty minutes by spraying the throat with a four per cent. solution of cocaine.

Dr. Jacobi has recently declared that while we resort to serum-therapy in diphtheria, we should also not neglect those local and systematic measures which experience has proven to be useful.

A new galactagogue is promised in a plant known as the common goat's rue, galega officinalis. One drachm of the tincture is given about five times a day. We understand this is a part of a preparation now on the market, called nutrolactis.

Glycerin of alum in the syrup of mulberries is a useful and grateful application in pharyngitis of children.

Dr. A. Koenig, of Pittsburg, gives a mixture of guaiacol throughout the course of typhoid fever. Guaiacol is not a specific, but a useful antiseptic remedy.

Dr. Rugh, of the Philadelphia Polyclinic, uses a 10 per cent. aqueous solution of alumnol in all operations about the nose and throat when a hemostatic is necessary.

Dr. George N. Acker, of this city, has abandoned the Brand method in treating typhoid fever in children. He prefers spinal compresses of water and other less vigorous means.

The editor of the Philadelphia Polyclinic, says that the treatment of diphtheria by antitoxin alone will not, in the majority of cases, suffice. Local applications are necessary.

Dr. T. A. Reamy, of Cincinnati, says that nothing can be more striking than the promptness with which puerperal convulsions are arrested as soon as veratrum viride has had time to act upon the heart and vaso-motor system.

Dr. George C. Laws advocates, in The Therapeutic Gazette, that bleeding should be resorted to in all cases of inflammation when serious enough to endanger life, unless the patient is in a low grade of fever, or there is great general debility.

Some recent writers advanced the theory that whooping-cough is due to a microbe, which has a local habitat in the respiratory mucous membrane. All the later symptoms are due to the effects of a poison generated by this microbe. To destroy the microbe in the early stages of the disease is the proper treatment. As a result of treating 323 cases in London hospitals, the conclusion is reached that the internal administration of cocaine, based on the standard of one grain for an adult, three or four times a day, has a most beneficial effect, curing the disease in an average of three weeks. —Practical Medicine.

THERAPEUTIC NOTES.

KOLA-KOLOID IN NERVOUS AFFECTIONS. Dr. R. Y. Johnson, of Pardeeville, Wis., writes to the Theodore Metcalf Co., that he finds their Kola-Koloid a never-failing remedy in headache and nervous dyspepsia. He says that for the horrible despondency attendant on nervous prostration, it is a magical remedy. Best of all, he says there has never been the slightest evil after-effect, but a permanent gain in strength and general health.

HENRY'S TRI-IODIDE IN RHEUMATISM. The proprietors of the Evansville Sanitarium, of Evansville, Ind., state that they find Henry's Tri-Iodide an attractive and palatable combination especially useful in chronic rheumatism and gout. In some cases the effect was astonishingly rapid. They also highly commend it in neurasthenia of gouty origin.

SANMETTO IN CHRONIC CYSTITIS. Dr. R. J. Kemball, of Buffalo, N. Y., says his experience with Sanmetto is always satisfactory and sometimes most astonishing. He has lately given this preparation a thorough trial in a case of chronic cystitis with effects that were prompt and positive. He says Sanmetto is unsurpassed by any other preparation with which he is acquainted.

SALICYLATES IN TONGALINE. All the salicylic acid used in Tongaline is made from the pure oil of wintergreen in the laboratory of the Mellier Drug Company. This excellent remedy for rheumatism, neuralgia and kindred complaints is now recognized as one of the standard drugs, being both active and reliable.

COLUMBIA LITHIA WATER IN KIDNEY TROUBLES. W. P. Anderson, 1102 6th Street, this city, says that the Columbia naturul lithia water cannot be too highly endorsed. After having suffered greatly with a kidney affection, he began the use of this lithia water, and, within six weeks, he finds himself entirely relieved of all the disagreeable symptoms.

ARISTOL IN BONY SUPPURATION. Dr. Gevært, of Paris, reports a number of cases showing the value of Aristol in checking suppuration. In a number of cases of suppurating bony cavities, Aristol alone gave good results. After the first injection, the suppuration was greatly reduced, and only a few were required to make thorough cures. Aristol is rapidly replacing Iodoform in such cases.

ACUTE, CHRONIC CYSTITIS. A practitioner of wide experience says: "I have used Lambert's Lithiated Hydrangea on various persons affected with diverse and painful manifestations of chronic rheumatism, gout, lithiasis-urica, nephritic calculus and functional disturbances of the renal system, with excellent results, and I consider it a valuable remedy for normalizing the renal function, for promoting the active elimination of uric acid and to calm the congestive conditions of the kidneys and of the urinary mucous membrane."

WEIGHT CHARTS FOR INFANTS. We are in receipt of a Weight Chart for infants, from the Just's Food Company. By means of this chart the weight of an infant may be recorded from time to time, from birth to two years of age. There is a model line already on the chart as a guide. This is certainly something new, and we believe will prove of great value. The chart will be sent free to any address.

TAKA DIASTASE. This is a new ferment for the treatment of amylaceous dyspepsia. Taka Diastase has most remarkable digestive properties, being capable of converting at least one hundred times its weight of dry starch. It is soluble in water, perfectly stable, of agreeable taste, odorless and can be administered for a long time without injury. This must be regarded as one of the most marked additions to modern therapeutics.

WAMPOLE'S ANÆMIOL. This new preparation is a highly nutritious and restorative food combined with an iron tonic. The red color is said to be due to the coloring matter of the red corpuscles, hæmoglobin. An analysis shows it to consist of 46 per cent. of coagulable albuminoids and proteids. It is thus useful in anæmia, general debility, intestinal affections and whenever a concen-

trated and easily absorbed food is demanded.

That Malarial Parasite. Our readers will find some interesting matter in the half-page ad of The Antikamnia Chemical Co. Quinine is known to be death to the parasite of malaria; and antikamnia is known to kill pain. Therefore, when we have in malarial conditions, both pain and parasite to deal with, the reason for giving a tablet of antikamnia and quinine is at once apparent.

Imperial Granum. It is certain that physicians need not complain for want of a number of reliable artificial foods. The Imperial Granum food is neither a stimulant nor a chemical preparation; it is simply a pure, unsweetened food, carefully prepared from the finest growths of wheat. It is a safe and reliable food for infants, children and nursing mothers.

BOOK REVIEWS.

PARVIN'S SCIENCE AND ART OF OBSTETRICS, The Science and Art of Obstetrics. By Theophilus Parvin, M. D., LL. D., Professor of Obstetrics and the Diseases of Women and Children in Jefferson medical college, Philadelphia. New third edition. In one very handsome octavo volume of 677 pages, with 267 engravings, and two colored plates. Leather, $5.25; cloth, $4.25. Philadelphia, Lea Brothers & Co. 1895.

A large number of our readers are familiar with the high qualifications of this author. His recognized literary aptitude, and his long service as a teacher, could not result in other than a volume of great merit. Adding to this his enormous experience as an obstetrician, and we have all the requirements necessary for a classical production. In calling attention to this new edition, it is simple necessary to state that the author has rewritten about one-third of the volume; while every page bears evidence of careful revision. Many new illustrations have been added, both in black and white and in colors. For an exhaustive presentation of the subject, it is difficult to understand how such a work could be excelled.

MANUAL OF OBSTETRICS. By A. F. A. King, A. M., M. D., Professor of Obstetrics and Diseases of Children in the medical department of the Columbian University, Washington, D. C., and in the University at Vermont. Sixth edition. 221 illustrations; price $2,50. Philadelphia. Lea Brothers & Co. 1895.

We have the pleasure of examining a copy of the sixth edition of this excellent manual. It is interesting to note that the author says, in his preface, that when this book was first published in 1882, he did not anticipate a second edition would be required. However, to those of us who were acquainted with the first edition, future editions came as no surprise. Prof. King showed at first that he could transfer to paper those characteristics which made him so popular and valuable a teacher; clearness and conciseness. This last edition contains over 70 new illustrations, and the whole work has been carefully revised. It is preeminently a work for the student, containing all that any practitioner should be expected to know, fresh from college. For him to know the rule is sufficient; the exceptions can be obtained from more elaborate treatises. It is not how much we write; but how much we tell, and how clearly we tell it. Therefore, as we have had occasion to remark before, we have here the most valuable Manual of Obstetrics for students that is published; while it is a work which can be strongly commended to the practitioner who has to refresh his knowledge while engaged in his daily routine of work.

HARE'S TEXT-BOOK OF PRACTICAL THERAPEUTICS. A Text-book of practical Therapeutics; with especial reference to the application of remedial measures to Disease and their employment upon a rational basis. Herbert Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. With special chapters by Drs. G. E. deSchweinitz, Edward Martin and Barton C. Hirst. New fifth edition, thoroughly revised. In one octavo volume of 740 pages; cloth, $3.75; leather, $4.75. Philadelphia, Lea Brothers & Co., publishers. 1895.

While the physician may practice days without a case of obstetrics, yet the first prescription calls for some knowledge of therapeutics. It follows, therefore, that no medical works should have larger sales than those devoted to Materia Medica and Therapeutics. And it equally follows that both student and practitioner will be quick to discern the best. It is, indeed, a remarkable record for a book to pass through five editions in as many years. We have stated in public through previous reviews, and often re-

marked in private, that Hare's Practical Therapeutics was one of the most useful books which a physician could have in his library. While the manner of presenting the subject has much to do with this, yet a part is due to the fact that the book is divided into two parts. one devoted to therapeutics, and the other to a treatise on disease, including symptoms, treatment, etc. It is this combination of the theoretical and the practical which makes the book so valuable to the practitioner especially. It is a book precisely adapted to the needs of the busy practitioner who can rely upon finding quickly precisely what he needs.

HAYEM AND HARE'S PHYSICAL AND NATURAL THERAPEUTICS.

Remedial use of heat, electricity, modifications of atmospheric pressure, climates and mineral waters. By George Hayem, M. D., Professor of Clinical Medicine in the Faculty of Medicine of Paris. Edited with the assent of the author, by Hobart Amory Hare, M. D., Professor of Therapeutics in the Jefferson Medical College of Philadelphia. In one handsome octavo volume of 414 pages, with 113 engravings; cloth, $3.00. Philadelphia, Lea Brothers & Co., publishers. 1895.

Of late years the fact is becoming recognized more and more that the most potent remedies for many diseases lie outside of the materia medica. Even within a few months we have noticed frequent articles in our exchanges regretting that we had no authoritative work on climate, whereby we could intelligently direct our patients. Such a volume is now before us by authors of equally high standing. We have now a work of reference which will give us material aid in the selection of a health resort for the benefit of mineral waters or change of climate. Nearly one-half of the volume is devoted to Medical Electricity which conforms to the American development of this subject.

GREEN'S PATHOLOGY AND MORBID ANATOMY.

Pathology and Morbid Anatomy. By T. Henry Green, M. D., Lecturer on pathology and morbid anatomy at Charing-Cross Hospital medical school, London. Seventh American from the eighth and revised English edition. Octavo volume of 595 pp., with 224 engravings, and a colored plate; cloth, $2.75. Philadelphia, Lea Brothers & Co., publishers, 1895.

Nearly twenty years have past since we first recommended this text book, when giving a course of lectures on Pathology. It appeared to us then, as it appears now, one of the clearest presentations of the subject before the profession. We knew its earlier editions nearly by heart, and the more complete later editions have simply added interest to the subject. To keep pace with the tireless workers in our laboratories, volumes on pathology must be frequently and thoroughly revised. This volume has thus been treated, while new illustrations and new chapters have been added. We are glad the day has come when a knowledge of pathology is essential to graduation.

DISORDERS OF THE MALE SEXUAL ORGANS.

Eugene Fuller, M. D., Instructor in Genito-Urinary and Venereal diseases in the New York Post-Graduate medical school. Philadelphia, Lea Brothers & Co., 1895. One large octavo volume, 240 pages, fully illustrated; price, $2.00.

We have but little to add to the mere announcement of the appearance of this work, as it treats upon a subject of which we know next to nothing. The volume will doubtless prove of value to all especially interested in this branch of medical practice, as the author has had wide experience, and is in every way competent to treat the subjects discussed.

THE POCKET MATERIA MEDICA AND THERAPEUTICS.

A Resume of the action and doses of all Officinal and Non-Officinal drugs now in common use. By C. Henri Leonard, A. M., M. D., Professor of the medical and surgical diseases of Women and clinical Gynæcology in the Detroit College of medicine; member of the American medical association, etc., etc. Second edition, revised and enlarged; cloth, large 16 mo., 367 pages, price, post-paid $1.00. Detroit, 1895. The Illustrated Medical Journal Co., publishers.

The second edition of this popular therapeutic work has had 67 pages added to it, besides typographical errors corrected, etc. A new and complete cross-index has been prepared, which renders the quick finding of a non-familiar drug possible. This is an important feature lacking in many ready-reference books. It is a "down-to-date book," and this with unique arrangement of its description of drugs and compounds secured for the first edition an order by cablegram for 1,000 copies from Bailleire, Tindall & Co., one of the largest medical publishing houses in London; a compliment rarely paid any American book. It has also been a popular book with physicians, pharmacists and students on this side of the water, judging from the early exhaustion of the first edition. We believe it to be the most complete and exact of any of the books of its class now issued, and its moderate price is to be commended.

DERCUM ON NERVOUS DISEASES. A text-book on Nervous Diseases. By American Authors. Edited by F. X. Dercum, M. D., clinical Professor of Diseases of the Nervous System in the Jefferson Medical College, Philadelphia. In one handsome octavo volume of 1052 pages, with 341 engravings and 7 colored plates. Leather, $7.00; cloth, $6.00. Lee Brothers. 1895.

We are glad to note that the editor of this work starts out with encouraging words to all those who would study this particular branch. He well says that no branch of medicine can be grasped without serious study, and, granting this, the student and practitioner can approach neurology with confidence. He also intimates that the difficulty usually associated with the study of nervous diseases may rest more in the manner of presentation rather than in the subject itself. Diseases of the nervous system are be coming better and better understood, until now we may say this is a special department of medical knowledge. Yet, like many other specialties, it is so closely connected with general medicine that there is no sharp line of division. However, special study is absolutely demanded, and, therefore, we have such comprehensive works as the one before us. We are especially pleased with the arrangement in this volume whereby the general affections are considered first, when those which are less so follow in order until those most special remain to the last. A glance at the list of over twenty contributors shows that a number of our American colleges are represented, and that special care has been exercised to give to each author, so far as possible, the particular branch which has made his name most familiar to the profession through his writings. The volume may be regarded as most complete in every way. The illustrations are largely original, a feature quite unique these days. There a number of colored plates which are very instructive.

All the works under Book Reviews are for sale by Lowdermilk & Co., of this city; where can also be found a full supply of medical literature.

The Popular Science Monthly for September contained a very interesting article on the Office of Fruit Food. The author shows why fruit is such a wholesome food and also why we eat certain fruits with other foods, as apple sauce and pork. Fruit must be regarded as both a food and a medicine.

Bad Position in Cycling. It may be stated generally, from the hygienic point of view, that any other position on the bicycle than the mouth closed, the body erect, the shoulders thrown back through hand-grips at such a height, distance apart, inclination and distance from the seat as will automatically tend to keep the arms vertical, the elbows near but not touching the sides, the forearms horizontal and diverging slightly outwards, is faulty and injurious; and is the more so, the more the erect posture with the chest expanded is departed from. This means that the wheel should be made to fit the man, not the man to fit the wheel.

Why is it that four-fifths of the boys and young men one sees riding the wheel habitually assume a more or less—usually more—faulty position, whilst even a larger proportion of young women and girls sit upon their cycles gracefully and well? It is solely because the fundamental rules of health have been practically ignored in designing and constructing the machines in the one case, whilst they have governed the design and construction in the other case. The manufacturer well knew that in order to build up a trade in bicycles for girls and young women he must obtain at least the tacit assent of the family doctor; he knew that a sine qua non was the production of of machines which would oblige them to sit in an upright posture. On the contrary, the boy has been left far more freedom of choice for himself. To him the models which have won the highest records in racing constitute his dreams of possession. It is machines after such models that the manufacturer turns out in greatest numbers, in response to the demand which he is quick to recognize. Impressible young America will have his ambition satisfied. He is unwilling to lag behind on a slow machine. Instead of wisely directing the boy's choice of a machine, the indulgent parent far too frequently presents him with the only bicycle which, in the unwise estimation of the boy, is worthy of possession.—Editorial in Dietetic and Hygienic Gazette.

THE

NATIONAL MEDICAL REVIEW.

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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Eyes Have We Yet We See Not.

Although possessed of wonderful powers of vision, yet we do not appear to see. Although blessed with an acute sense of hearing, yet we do not appear to hear. The illustrations are all about us, yet we do not see them. The records speak in unmistakable language, yet we do not hear them. In other words, if the medical profession believes that a better water supply is necessary for the health of the residents of this city, and, if it states that belief in unmistakable terms, steps for procuring pure water will be immediately forth-coming. If the medical profession believes that the wells of the city should be closed in order to better protect the citizens from typhoid fever and other diseases and if it will earnestly declare that belief, the wells will be promptly closed. The same could be said also of the question of better sewerage. If the medical profession desires proper legislation to protect the people from charlatanism, the laws will soon be on the statute books. But, when a good per cent of the physicians use the Potomac water for drinking purposes in their own homes; when many declare that the wells should remain open for the sake of the poor; and when it is impossible tc secure concerted action on a medical bill, we may well ask, What is to be done? The medical profession in this city is strong enough, and holds the confidence of the public sufficient to secure whatever it declares necessary for the better prevention and cure of disease. We have eyes, yet we see not. Ears have we, yet we hear not. Almost unlimited power for good is ours, did we but know it.

School Hygiene.

This city certainly should not be behind others in matters of school hygiene. But such will surely be the case unless marked changes be made with respect to the use of many things in common. One marked improvement of late has been the adoption of a regulation by which pupils are required to cover their books with manilla paper. It would have been an additional precaution had this regulation required new covers on the books at least once a month. But the question of drinking water still remains unsolved. We are far behind the times when we allow hundreds of school children to gather about one drinking place in a building and be served from less than half a dozen cups. The danger would be greatly reduced, even by providing each floor with a pitcher in which fresh watar shall be placed three or four times a day. The cost of this is so slight that hardly an objection should be raised against it. Better still, require the use of individual cups. A large per

cent of the pupils would bring these from their own home; while those who did not choose, or could not afford, to do so, should have cups provided for them. It seems necessary to remind some persons that the time to lock a barn is before the horse is stolen.

Total Extirpation of Rectum.

We were very much interested in a paper presented by Dr. Jos. M. Matthews, of Louisville, Ky., before the American Medical Association, at the Baltimore meeting. Dr. Matthews asked and answered two questions which we have never heard so well discussed before. First, he asked if a patient was ever cured of cancer of the rectum by total extirpation; and, second, is the patient ever materially benefited or relieved by the operation. Dr. Matthews says that this operation of total extirpation is one of the bloodiest he ever attempts to perform. The difficulty of drawing down and dissecting out the rectum is not so very great; but it is an entirely different matter to remove a cancerous rectum. It may be put down as practically impossible to remove all infiltrated tissue. Such a dissection cannot be made complete without invading with the knife the vital parts surrounding. Dr. Matthews says he sees these patients, after operation, go on from bad to worse until he has come to the conclusion that there was no good surgical reason for operating. Such patients are the most unfortunate of all, yet it appears that nothing can be promised them in the way of surgical interference.

The above is an editorial which appeared in our New York journal, Practical Medicine, for October. We produce it here in order that we may add to it the opinion of Dr. Chas. B. Kelsey, who describes his operation for extirpation of the rectum in a late number of the New York Medical Journal. After describing the operation very minutely, he concludes as follows:

"The operation described may be done by an experienced man in about forty-five minutes, and its mortality will depend much more on keeping fæcal matter and other intestinal contents out of the wound, both during the operation and the first days of healing, than upon the amount of shock.

My own first statistics showed the full death-rate of thirty per cent, but by attention to the details given above this has gradually been reduced until during the past winter I had but one death in thirteen cases, twelve of them being uninterruptedly successful."

Dr. Matthews refers entirely to cancer of the rectum, while it is a little uncertain how Dr. Kelsey's statistics are to be divided. Dr. Kelsey says that this operation is "for extirpation of the cancerous or strictured and ulcerated rectum." Therefore, Dr. Matthews might claim that this death rate of thirty per cent. includes all the cases operated on for cancer. It is to be regretted that Dr. Kelsey does not give us a more detailed statement of his cases.

The Drink Question.

From every quarter comes word of renewed interest in the drink question. No longer is the subject confined to the unwholesome relation of terrible deeds by some supposed or perhaps genuinely reformed lecturer. The very best thinkers in the world are taking hold of it with an earnestness which is most encouraging. Legislatures are appointing committees to investigate the danger; more stringent measures are being adopted in police circles; scientific bodies are studying for future reports; and, best of all, the medical profession is giving its aid to the discussion in no unmistakable terms. Everywhere are men awakening to the great danger which threatens the repub-

lic from this weakening of some of her best men. It is with great pleasure, therefore, that we give the words of one we all admit most qualified to testify on this subject. In the opening address to the students of the Medical Department of Columbian University, Dr. W. W. Johnston, of this city, said:

"That the question is a serious one the chemist, the physiologist, the pathologist will assure you; that it is your own duty to consider it fairly; and to bring all the technical aid you possess to its solution, your own conscience, judgment and knowledge will teach you. The responsibility rests upon you, because the drink habit lies at the root of a large proportion of the diseases with which we have to deal, and underlies much of the unhappiness and crime with which the world is cursed. We know that many chronic diseases are directly traceable to it; we know that every constitution thus enfeebled is unable to cope with acute illness, and that certain diseases, as acute pneumonia, are almost always fatal in a system broken down with alcohol. We read that of 112,000 males and 133,000 females arrested in England yearly 50 to 60 per cent of the men and 80 to 85 per cent of the women were charged with drunkenness. Out of 71,500 arrests in New York over 30,000, or nearly one-half, were made for drunkenness, and the proportion is practically the same in all the large cities, in Boston more than one-half of the arrests being for this cause.

"And when you reflect that many of these are habitual drunkards, who are no sooner released than they are again arrested, that the question is now being agitated as to how many arrests for drunkenness constitute a man a confirmed inebriate and makes him amenable to state control, that so many arrests mean so much disease and death, hospitals and morgues being filled to a great extent from this cause, that crime is closely associated with inebriety and that criminals are largely the offspring of drinking parents, one begins to realize what a bearing this question has upon the well-being of society. Baer of Berlin estimates that 50 per cent of all criminals are either inebriates or the children of inebriates. Corre of France and Virgilis of Italy attribute from 32 to 40 per cent of existing crime to the excessive use of alcohol in parents.

"The depopulation of France is traced by one author to the use of alcohol; in Cherbourg, in France, the consumption is represented by over eighteen quarts of alcohol annually for each individual. In Havre it is sixteen quarts, in Belgium twelve quarts and in Denmark fifteen quarts. The retail expenditure for spirits in England is about $19 for each adult individual; in Russia in 1893 the tax on spirits brought in 21,000,000 roubles more than in 1892.

"These facts and statistics are not taken from any book put forth as a temperance propaganda, but are from medical and literary journals and books, printed chiefly for circulation among those interested in medical and allied knowledge.

"When the commission, of which the Hon. Seth Low is chairman, has completed the task which it has undertaken of studying the effects of the moderate use of alcohol, makes its report, we will have a body of facts which will be of great value in regard to another aspect of the question. For although there is a unanimity of opinion as regards the danger from alcoholic excess, there is by no means an agreement as to the effect of moderate indulgence. As this inquiry is in the hands of men fitted to collect and sift the truth from the varying opinions held, we will be able to see what the preponderating opinion is, whether the world leans to the advice of 'Take a little wine' or 'Take none at all' for thy health's sake. But I should be very much surprised if this report does not show that there has been a great change in the views of medical men in the last 100 years, and if the moderate use of alcohol is not believed to be necessary, even hurtful, certainly not conducive to the higher intellectual work.

Hydro-Pyonephrosis.

In the Transactions of the Southern Surgical and Gynecological Association, just issued, is a paper by Dr. Joseph Taber

Johnson, of this city, on hydro-pyonephrosis, with a case. The case is a most interesting one and illustrates the uncertainty of diagnosis of enlargements in the abdomen. Malaria; inflammation of the liver; and hepatic abscess were some of the conclusions reached. Repeated examinations of the urine brought the report that "whatever disease he had, his kidneys were all right." Nothing was found for five years to indicate any kidney trouble. When Dr. Johnson operated, between four and five gallons of most offensive pus were drawn off, the origin of the sac traced, and a complete nephrectomy performed. The entire tumor, fluid and solid, weighed about fifty pounds. A curious feature about the case was the amount of water excreted by the remaining kidney. On the first day there was secreted twenty-four ounces; on the third and fourth, sixty-four ounces; and on the sixth day, six quarts. Soon after this, the amount was normal. The patient made a good recovery and now says he has not felt so well in ten years.

One Would Think.

The reports from a large number of medical colleges, as gleaned from our exchanges and other sources, are after the same style as of old; and to the effect that the number of medical students this year is even to exceed that of last. One would think that every doctor in the land was getting rich out of his profession. More than that, one would think that the riches were rolling in at the rate of a mining boom. To solve the exact distance from here to the sun may be quite a problem, but it does not begin with the one which is presented in the question why so many young men, our best young men, rush into a profession already overcrowded and which at the best will afford the great majority of them a precarious livelihood, and not one per cent of them a large income.

Free Dispensaries.

We cannot discuss the question of free dispensaries, for we do not understand it. The authorities appoint certain physicians to look after the poor of the city. It is very certain that these poor will be well cared for, and it is also certain that not many who are able to pay will be treated. Now if the poor are thus provided for, what use of such a number of dispensaries? To relieve the work of the physicians to the poor? If so, then it would be far better to get the pay of these physicians increased and let them do all the work. Noticing a number of fairly well-dressed persons going to a certain dispensary in this city, we took occasion to ask one of the attending physicians what he did when he saw clearly that the party was able to pay? He replied, "refuse to treat them, and ask them to my office." This is certainly exceptional; but it is not the exception to have these dispensaries treat large numbers of patients who have heretofore always paid their physician. A hundred young physicians are to-day not earning a livelihood who would be paying expenses were it not for this free work. The people are hurt by it; only a very few physicians are aided; while a large number are greatly injured.

Medical Society.

The Medical Society starts out with great prospects. The attendance is good and the interest great. There is not a more prosperous body of medical men in the country, and certainly not a better natured one. In the five years we have been a member we have not seen a single drop of bad blood. To be sure men have been in earnest, but no words have been spoken hot enough to produce an appreciable amount of spleeny toxin. If troubled with excessive irritability, come into the pool, brother, and be healed.

Obstetrics. The October number of the American Journal of Obstetrics contains an article by Dr. Paul F. Munde, which gives a report of his gynecological service at the Mount Sinai Hospital from January 1883 to January 1895. The article is about fifty pages and has forty-five illustrations. Dr. Mary Putnam Jacobi follows with an article on cases of Absent Uterus, which covers nearly fifty pages, including nine illustrations.

This number contains an article by Dr. E. L. Tompkins of this city, who reports a case of anterior poliomyelitis. It also contains an article by Dr. Joseph Taber Johnson, in which he reports all the abdominal operations performed in his private sanitarium up to July 1st of this year. One hundred and thirty-one laparotomies were done with one hundred and twenty-two recoveries. The fatal cases are reviewed, showing their desperate and almost hopeless character before operating.

The Transactions of the Washington Obstetrical Society are also found in this number. Among these we notice that Dr. J. W. Bovee presented a case of extirpation of the uterus and appendages for fibromata, by abdominal section. He also reported a similar operation by the so-called Pratt method. Dr. Geo. N. Acker reported a case of hemorrhage during labor.

Inflammation of Sinuses of Nose. At the last meeting of the American Laryngological Association, Dr. J. H. Bryan of this city, read a paper on the study of suppurative disease of the accessory sinuses, with report of cases. Dr. Bryan has given particular attention to this branch of his work, and, therefore, can speak as one with authority. Dr. Bryan says that these affections are not only serious, but they are also frequently overlooked. We frequently find abscesses that have existed in these cavities for a long period, and have been treated for neuralgia. The doctor says that it is very important to recognize and treat these inflammations early, for upon their early recognition depends the final issue, which in many cases has resulted in death. Although the treatment is tedious and discouraging, yet if care be taken to establish free drainage, and if antiseptic applications are thoroughly applied, the majority of patients will recover.

Medical and Surgical Society. At the meeting of the Medical and Surgical Society of the District of Columbia, held on Monday, October 14th, the following officers were elected for the coming session:

President, Dr. Clifton Mayfield.

Vice President, Dr. F. B. Bishop.

Sec'y and Treas., Dr. Llewelyn Eliot.

Executive Council, Drs. T. N. Vincent, J. F. Moran, J. W. Bovee, L. Eliot and G. M. Kober.

The following is the program for the year.

October 14	Dr. Stone Dr. Sothoron
November 11	Dr. L. Eliot Dr. Kober
December 9	Dr. Walsh Dr. Carraher
Jan'ary 13,'96	Dr. Atkinson Dr. Chamberlin
February 10	Dr. E. L. Morgan Dr. Bovee
March 9	Dr. J. D. Morgan Dr. Vincent
April 3	Dr. Sohon Dr. Hunt
May 11	Dr. J. Eliot Dr. McKimmie.

Not In It. No slang, please; only a notice that one of the late medical dictionaries, and the best one too, does not contain all the words used in medicine. Recently a

canvasser called upon Dr. Rosse to secure his subscription to this dictionary and incidentally remarked that it contained every medical term, or name, in use. This Dr. Rosse challenged, and he promptly called off a number which said agent had to declare were not in it. These words have been published and a copy of them will be furnished to any one by addressing the author.

Medico-Legal Congress. We are pleased to note that Dr. Irving C. Rosse of this city, was elected vice-president of the Medico-legal Congress, recently held in New York city. Dr. Rosse also presided at one of the meetings. Some fifty-three papers and many short addresses were presented.

To Teach How to Teach. Some weeks ago we had a letter from the publishers of our Series of School Physiologies to the effect that there was a demand among teachers for a work which would teach them how to teach physiology. The manuscript for this has just been completed and will soon appear. This is in line with the efforts of some of our leading physicians to establish a Post Graduate School. There is a demand for opportunities whereby practicing physicians may learn how to practice.

Post Graduate Medical School. Probably nothing has occurred in many years of more importance to the medical profession of this city than the recent organization of a Post Graduate School of Medicine. It requires no extended argument to show the need of such a school. The extension of laboratory work during college life has rendered it quite impossible for the student to give sufficient time to clinical instruction. He must either wait for this until he obtains it in his own practice, or he must attend some post graduate school. That the latter is the only correct plan is evident. At present, there is not a post graduate school south of New York and Philadelphia. While there is, doubtless, a sufficient demand in this city alone to give good support to such a school, yet this is bound to form but a fractional part of the territory from which support will come. Two classes of physicians will gladly avail themselves of the opportunities offered by this new organization. First, the students who have recently graduated; and second, the physicians who would gladly take a vacation to visit the National Capital and brush up on the latest methods of work. That such a school is bound to succeed, there is not the slightest doubt. The men already selected for the faculty have large experience in their several branches, and control an immense amount of clinical material. When we consider the vast quantity of clinical material constantly presented at Garfield, Providence, Columbia, Children's, Emergency and a number of other Hospitals, it is not strange that an effort should be made to utilize this to the advantage of the profession. A full prospectus may be expected about the first of the year. The faculty, as at present constituted, consists of the following physicians: H. L. E. Johnson, E. L. Tompkins, Samuel C. Busey, W. W. Johnston, J. Ford Thompson, George B. Harrison, M. F. Cuthbert, E. M. Parker, S. S. Adams, G. N. Acker, G. W. Cook, James Kerr, W. H. Wilmer, J. F. Scott, T. E. McArdle, H. D. Fry and C. W. Richardson.

Doctors' Wives. It is strange that so few doctors' wives care for their husbands. They are the most indifferent persons in the world. What other women in the whole land would stand idly by and see their beloved perish without an effort to save? And yet this is the way many doctors are treated. The proof? Within a month

we have heard a number of doctors say they were "rushed to death". One doctor had his wife waiting in the carriage, and, glancing up, we noticed she actually had a smile on her face! Terrible woman. Smile when her young husband was about to succumb!

Civil Service Among Physicians.

We have been having the practical application of the civil service in professional life, during the past month. A number of physicians have taken examinations, in order to be eligible for appointment as physicians to the poor. Whether you like this or not depends on your ideas of the civil service. So far as these positions are concerned, we believe these examinations are altogether useless and almost ridiculous. No physician should be appointed to treat the poor unless he is a graduate of a reputable medical college; and no such medical college should ever graduate a student who is not competent for this work. We would be in favor of limiting the eligible list to those only who are graduates of one of the schools of our own city. Then, when application is made for a district, the diploma should be sufficient to procure the place, so far as medical skill is concerned.

Hospital Work.

We do not believe any one can read our report of hospital work without being surprised at its character and extent. A large number of the most difficult operations are here recorded. Were it not for the medium which this journal affords, we do not believe a quarter of this work would ever come to the notice of the profession.

Everything.

We know a physician who boasts that he never allows a case to go out of his hands. "What any one else can do, I can do." Although a general practitioner, yet he never refuses to perform any kind of a surgical operation. We may think too hard of such physicians; yet we cannot help but believe that they are deficient in morals. If a man has never performed a cataract operation, and would probably never have occasion to operate more than two or three times in his life, we claim he has no right to undertake it. He never intends to make a specialty of abdominal surgery, yet he does not hesitate to recommend a patient to allow him to operate. He never saw such an affection of the skin before, but he experiments with it until his patient seeks advise elsewhere. When a man claims to know everything, and be equally competent in all branches of work, he should be engaged as the general agent for some of the produets which are advertised to the public as cures for consumption, catarrh, cancer, cholera and costiveness!

All Pulled Out.

In one of the papers which find their way to the editor's table, is an advertisement of a "doctor", who can tell precisely what ails you, if you will only send him a lock of your hair. The announcement is accompanied with an illustration of this gifted individual. Not a hair is on his head! Had he sent it all away to others of his kind?

Anything to Fill Up.

It will be interesting to know what success the Lippman Bros., of Savanvah, Ga., will have in placing their medical advertising in exchange for dinner sets. They agree to give a dinner set of 140 pieces, in exchange for a full-page ad. No details are given, and the dinner set may be worth anywhere from $6.00 to $600. It hardly seems possible that a single ad. could be thus placed; and yet we know of a medical journal which publishes the price of a half-page at $85., and yet accepts an offer of $15., for that amount of space.

HOSPITAL REPORT. SEPT. 15 TO OCTOBER 15.

BY J. A. STOUTENBURGH, M. D.

COLUMBIA HOSPITAL.

SERVICE OF DR. J. W. BOVEE.

Amputation of cervix and curettage.
Curettage for endometritis, seven cases.
Curettage, following abortion.
Curettage and perineorrhaphy.
Curettage and trachelorrhaphy, eleven cases.
Curettage, trachelorrhaphy, perineorrhaphy and excision of hemorrhoids.
Hysterectomy, supra vaginal for fibroma uteri, two cases.
Hysterectomy, supra vaginal for fibroma uteri, pyosalpinx and hydrosalpinx.
Hysterectomy, vaginal for carcinoma uteri, two cases.
Hysterectomy, vaginal for curette punctures of a septic uterus, during curettage; an ovarian cyst was also removed.
Excision cystic tumor of breast.
Oophorectomy and liberation of adhesions, for cystic ovary, broad ligament cyst and adhesions.
Oophorectomy and liberating adhesions for cystic ovary and retroversion.
Radical cure for hernia.
Salpingo oophorectomy for ruptured tubal pregnancy and pyosalpinx.
Salpingo-oophorectomy and curettage for salpingitis and endometritis.
Salpingo-oophorectomy for pyosalpinx, double.
Salpingo-oophorectomy for pyosalpinx, double and ovarian hæmatocele.
Salpingo-oophorectomy for tubo-pelvic abscess and pyosalpinx.
Vaginal salpingo-oophorectomy and curettage for ovarian cyst and endometritis.

GARFIELD HOSPITAL.

SERVICE OF DR. H. D. FRY.

Curettage and trachelorrhaphy.

SERVICE OF DR. J. VANRENSSELAER.

Exploratory cœliotomy for tubercular peritonitis.
Drainage for abscess of mastoid cells.
Curettage for endometritis.
Incision and drainage ischio-rectal abscess.
Trachelorrhaphy and dissection of vaginal cyst.
Open operation for varicocele.
Halsted s operation for inguinal hernia.
Curettage of tibia for periostitis.
Radical operation for hydrocele.

SERVICE OF DR. W. H. WILMER.

Linear extraction of traumatic cataract.
Enucleation of eye for total staphyloma.

SERVICE OF DR. M. F. CUTHBERT.

Curettage for endometritis.

SERVICE OF DR. J. FORD THOMPSON.

Removal of enlarged cervical glands.

SERVICE OF DR. A. A. SNYDER.

Trephining and removal of blood clot for fracture of skull.

CHILDREN'S HOSPITAL.

SERVICE OF DR. J. FORD THOMPSON.

Surgical treatment for suppuration, middle ear.
Osteomony, tibia.
Removal of foreign body, in hand.
Radicle operation for inguinal hernia.
Tenotomy for club foot, two cases.
Plastic operation for contraction following burn of the arm.

EMERGENCY HOSPITAL.

SERVICE OF DR. JAS. KERR.

Thiersch's skin-grafting, two cases.
Bullets extracted, seven cases.
Abscess of neck, Otis treatment, two cases.
Cysts of neck excised, sebaceous, two cases.
Cysts of neck excised, tubercular, four cases.
Amputation accessory fingers, two cases.
Amputation of fingers, three cases.
Excision, keloid of ear.
Suture of condyles of tibia for compound comminuted fracture, two cases.

Suture of olecranon for compound fracture.
Modified Bizini's operation for hernia.
Exploration of knee joint for bullet.
Lacerated wounds sutured, seventy cases.
Laparotomy for gunshot wound of abdomen with six perforations of the intestine.

SERVICE OF DR. S. M. BURNETT.

Tenotomy internal rectus.
Extraction of cataract, two cases.

PROVIDENCE HOSPITAL.

SERVICE OE DR. J. W. BOVEE.

Operation for urethro-vaginal abscess.
Curettage for endometritis.
Curettage and trachelorrhaphy.
Salpingo-oophorectomy, trachelorrhaphy and curettage for pyosalpinx, lacerated cervix and endometritis.

FREEDMEN'S HOSPITAL.

SERVICE OE DR. D. H. WILLIAMS.

Extirpation of sub-maxillary glands for non-malignant tumor.
Supra-vaginal amputation of uterus, ovaries and tubes for pyosalpinx.
Excision of tibia (plastic operation).
Excision of external table of skull for fracture.
Abdominal hysterectomy for myomatous uterus (Kelly's method).
Abdominal hysterectomy for degenerated cystic fibroid tumor of uterus.
Trephining for depressed fracture of skull.
Excision of ileum for traumatic ostitis.

SERVICE OF DR. E. H. PRATT, of Chicago.

Vaginal hysterectomy for fibroid tumor of uterus.

SERVICE OF DR. E. A. BALLOCH.

Fracture of femur (lower third).
Fracture of tibia and fibula.
Incision of thigh (lower third) for diffused cellulitis.
Diffused cellulitis of hand and arm.
Aspiration and iodoformization lumbar abscess.
Paraphimosis.

SERVICE OF DR. F. J. SHADD.

Trachelorrhaphy.

SERVICE OF DR. JULIA R. HALL.

Dilatation, curettement and packing of uterus for endometritis (two cases).

SERVICE OF DR. E. OLIVER BELT.

Excision of eliptical fold of eyelid for entropion.
Operation for entropion.
Enucleation of crystalline lens.
Operation for corneal staphyloma.

SERVICE OF DR. LOUIS P. SMITH.

Enucleation of crystalline lens (two cases).

NEW EDITIONS OF MEDICAL MEN. Dr. William H. Thomson has recently suggested that it is the duty of the physician to get out a new edition of himself at certain stated periods. This is another way of putting the fact which the late Sir Andrew Clark used to call attention to: That a man was never old as long as he had not lost his receptivity, his capacity to learn and to adjust himself to the progress of the world. The figure of speech adopted by Dr. Thomson, however, is a very suggestive one, and we have no doubt that its current use would have a great deal of practical value. Dr. Thomson suggests that one reason why the country practitioner falls behind is that he gets into certain ruts, and is too idle or two busy to get himself out of them. It is the country practitioner, he thinks, that especially needs a new edition of himself. Not that he is inherently less ambitious or more indolent than his city brother, but because the publishing offices and means of issuing "new editions" are mainly in the large centres. The establishment of graduate schools for the instruction of medical men has enabled practitioners to use the facilities that modern science brings out freshly every year, and we fancy in the course of time it will be the city doctor who will be behindhand in editing himself, for he is generally too thoroughly confident of his medical equipment to think it worth while to take a course of instruction from his fellowman.—Editorial in Medical Record.

PROGRESS OF MEDICINE.

Treatment of Infantile Paralysis. At the meeting of the Medical Society of this city, for Oct. 9, Dr. A. R. Shands read a paper on the importance or early mechanical treatment in anterior poliomyelitis, or infantile paralysis. In speaking of the cause of this disease, Dr. Shands says he has seen six cases following severe and repeated attacks of the tertian type of malarial fever. Chronic malarial poisoning does, undoubtedly, exercise a very decided influence as a causative factor. The author discusses the pathology of the disease, at length, and carefully describes each of the different stages. There are four of these: Initial stage, stationary period; period of regression; and the chronic stage. It is this fourth stage which is usually seen by the orthopedist. Dr. Shands describes the various deformities which result from this paralysis, and concludes the paper with a description of the treatment. Just as soon as it is recognized that any of these deformities are beginning to be established, then at once the weak muscles should be given the necessary mechanical support to prevent the same. The principles involved in the mechanical treatment of these cases consist in supplying support and protection to these paralyzed muscles. Do not trust the patient to the instrument dealer who seeks only to make a handsome profit on his apparatus; but devise yourself just what you think best suited to this particular patient. If you supply the necessary support to these enfeebled muscles with a comfortably fitting brace, you will not only prevent the occurrence of deformity, but will give great comfort to your patients, and will improve their locomotion to such an extent that they will never be willing to go without the apparatus. The author says, "without fear of contradiction," that if the proper mechanical means be used in these cases of infantile paralysis from the beginning, and be carefully watched by one who fully appreciates the nature of the affection, we would never see these horrible deformities that we so often meet in hese unfortunate cripples bearing such manifest symptoms of mortified pride at their unfortunate condition and frequently connected with expressions of pain. The great pleasure and gratification given to a surgeon in giving to one of these unfortunate cripples such joy as is always done in either preventing or correcting one of these deformities should be ample reward to him, to say nothing of a more material conpensation, and cause him to feel fully repaid for having given special time to this important subject. Dr. Shands says that, in his opinion, electricity and massage are utterly worthless to restore these muscles to their former condition. To be sure, if a muscle, or group of muscles, is only partially paralyzed, then, to develop the remaining normal portion of that muscle, passive motion, no matter how applied, will be valuable. But, there is about the same chance of restoring a totally paralyzed muscle by electricity, when said paralysis is due to degeneration in the trophic centers, as there would be by the same means of restoring hair to a bald head.

To Restore Persons Apparently Dead from Chloroform. After I had seen the first two cases mentioned by Leedham Green I had a similar experience in the surgical clinic of Gottingen. I operated upon a man of eighteen years for ingrowing toe-nail. During the operation he suddenly became pale, pupils became widely dilated, and the pulse and respiration ceased. Compression of the præcordium was performed at once without any other measures being resorted to, except opening the mouth and pulling forward the tongue. The patient recovered very quickly, so that the operation was completed.

I afterwards had the opportunity of using the method in the following case: I was called to perform tracheotomy for diphtheria on a child of two years. On entering the room the child appeared dead, but I performed the operation as soon as possible, and then made a few compressions of the præcordium, with the result that the child revived and made a good recovery.

I wish to recommend this method very strongly to the profession. It is necessary that the compression of the præcordium be performed with considerable force and at the rate of about 120 to the minute.—F. Maas, M. D., of Detroit, Mich., in the Therapeutic Gazette.

To Prevent Thurst Following Cœliotomy. "A patient should have the usual preparation for cœliotomy—i. e., diet, daily baths, cathartics, etc. For three days prior to operation order the patient to drink one pint of hot water an hour before each meal and on retiring, thus drinking two quarts of water each twenty-four hours, the last pint to be taken three hours before the time set for operating. Do not omit to give the water the day previous to the operation, while the patient is restricted to a limited amount of liquid nourishment and the bowels are being unloaded. We thus restore to the system the large loss of fluid occasioned by the free catharsis, and we have the great satisfaction of seeing our patient pass through the trying ordeal of the first thirty-six hours after the operation in comparative comfort, with no thirst, a moist tongue, and an active renal function, represented by an excretion of from twenty-eight to fifty fluid ounces of urine during the first twenty-four hours, catheterization being seldom necessary. This is in keeping with the full character of the pulse noted.

"The above detail I have recently carried out in twelve cases. For eleven chloroform was administered, to one ether. Required time to complete the operation varied from ten to fifty-five minutes. Whether the case was one of sclerotic ovaries or a pus case with universal adhesions of all the pelvic structures, the result has been uniform and highly satisfactory, thirst being allayed and excretion stimulated—a very essential condition to a prompt recovery.

"I believe this method will prove to be efficient in the hands of abdominal surgeons generally, and I publish it early with all confidence that the twelve cases that I have had will soon be fortified by the reports of many hundreds, and that by it we may avoid a condition that is and has been distressing alike to patient, surgeon and nurse."

The Care and Sterilizing of Milk. In sterilizing, the rubber corks may be put in before the bottles are placed in the boiler, the glass corks being added when the milk approaches the boiling point. All that is necessary before inserting the glass corks is for the steam to have commenced to escape. The object in leaving the bottles thus partially open is to drive out the contained air, before sealing. Ffteen minutes' boiling should be sufficient if the milk is obtained fresh each day. Prolonged boiling is required for the destruction of spores, but not for the already active germ. As it takes a number of days for the spores to develop, in fresh milk they are practically harmless. The objection to long boiling is that it breaks up the cream cell, liberating the little drop of oil which it contains, and these little drops float and aggregate so as to look like melted butter on top of the milk, making it difficult of digestion. All of you have seen sterilized milk which had this appearance. Jersey milk, and that of all fine or in-bred cattle, undergoes this change very easily and is, for this reason, not so useful where sterilization is required as that of a commoner grade.

The Fairchild tubes will be easier to manage than the box pepsin, for the reason that in them the pepsin is already combined with soda; while to the box pepsin soda must be added, the proportion being five grains of pepsin and fifteen grains of sodii bicarb. to one pint. It is better to mix the pepsin with a little water before adding it to the milk. When added directly, the milk may curdle too rapidly. In peptonizing, curdling is as a rule to be avoided. When the curds begin to separate, the milk becomes bitter and unpleasant. Either give the preparation as in this case, before the digestion has proceeded that far, or where a quantity is prepared for keeping, heat up the mixture to destroy the ferment.—Trained Nurse.

Permanganate of Potassium in Opium-Poisoning. In the correspondence columns of the Therapeutic Gazette of the August issue there appeared a brief note regarding a case of morphine-poisoning, in which the patient is supposed to have ingested 30 grains of the sulphate of

morphine, and in which recovery took place under a method of treatment in which the permanganate of potassium was largely administered hypodermically. And in this issue we publish the exhaustive research of Dr. Sharp on this topic. Notwithstanding these arrays of facts, our opinion in regard to the question remains unchanged and may be expressed as follows:

We think that there is little doubt that this substance, when given by the mouth during the time that morphine still remains in the stomach, possesses distinct antidotal influence, since by its powerful oxidizing properties it speedily destroys the alkaloid of opium. Even here, however it should be remembered that the action of the permanganate in the human stomach must be less efficacious, so far as oxidizing morphine is concerned, than it is when placed in a test tube, since the presence of other contents of the stomach, of mucus, or the mucous membrane itself, to a certain extent helps to impair the full effect of the antidote. When it comes to the administration of the permanganate of potassium hypodermically for the purpose of acting as a chemical antidote in morphine-poisoning, we think that we have reached a reductio ad absurdum, for two reasons. In the first place, the permanganate of potassium possesses no powers which would enable it to act as a physiological antagonist to the influences of morphine, and the only way in which it can do good in poisoning by this drug rests upon its ability to oxidize the alkaloid. As a matter of fact, a solution of permanganate of potassium injected into the subcutaneous tissues is at once oxidized and changed into a different substance, and, therefore, can no longer act as the permanganate; and further, even if this chemical change did not take place, its hypodermic administration would be futile, since long before it could be absorbec and act upon the morphine, which is widely distributed in various portions of the body, it would have oxidized other substances which it might have met with in the blood or other tissues of the body. We are all well aware of the fact that quite a number of cases of morphine-poisoning with recovery after hypodermic injections of permanganate have been reported within the last few months, but we have yet to see one in which strict scientific evidence was adduced that the recovery depended upon this method of treatment.

We doubt not that the hypodermic injections frequently administered have some influence in keeping the patient awake, or, in other words, of preventing him from forgetting to breathe, by reason of the pain which these hypodermic injections adduce. In other words, the recovery in these cases, if due to this method of treatment, rests upon the peripheral irritation which is caused, and not upon any action of the permanganate of potassium.

In the case which was reported by Dr. Sulker in our Correspondence columns, it will be noticed that the patient received no less than nineteen hypodermic injections, an average of every ten or fifteen minutes, which caused more or less swelling and discoloration of the arm, and that in addition she received that most powerful of stimulants, 1-50 grain of nitro-glycerin hypodermically, and 1-6 grain of apo-morphine; the first drug "acting nicely," according to the statement of the reporter.—Editorial in Therapeutic Gazette for October.

The Nerve of the Pupil. An exchange relates a newspaper account of the case of a dentist, on Staten Island, who broke a tooth that he was extracting, and was struck in the eye by a fragment of it. The newspaper said: "A groove had been made in the pupil of the eye by the flying particle of tooth." This reminds us of the late Prof. Corydon L. Ford, of the University of Michigan, who would now and then puzzle a candidate for graduation by asking him, "What nerve supplies the pupil of the eye?"

An English truss manufacturer thus advertises his specialty: "The only truss worn and recommended by Sir Andrew Clark, late president of the Royal College of Physicians." The family of Sir Andrew no doubt feel much gratification on reading this.—Journal of Med. Pub. Ass'n.

THERAPEUTIC SUGGESTIONS.

Cotton-wool, soaked in oil of turpentine, and pressed into the bleeding cavity after tooth extraction, is said to check the hemorrhage promptly.

Camphor, phenacetine and lactopeptine are recommended in a German journal as making a successful combination for the treatment of cholera infantum.

An attack of hay-fever can, sometimes, be cut short in twenty-four hours by teaspoonful doses every two hours of Parke, Davis & Co.'s syrup of Hydriodic acid.

Salicylate of strontium is recommended by Dr. H. C. Wood, in doses of ten to fifteen grains every three hours, in cases of acute and subacute rheumatism.

A French physician says that in profuse suppuration in wounds or cavities with necrosing walls, cream of tartar will yield good results when used locally.

A southern writer says that a pledget of cotton saturated with passiflora and packed into the cavity of a tooth, will immediately relieve an intense toothache.

An exchange recommends soap as "A valuable disinfectant." Does the writer claim that he is the discoverer of the fact that soap is a great aid to cleanliness?

Trional is recommended for insomnia occurring in the early part of the night, but if sleep occurs early, and the insomnia appears later, then sulfonal is preferred.

A homeopathic journal recommends the tincture of plantago, in one to three drop doses every half hour for one or two hours, as a successful treatment for toothache.

The cure of a well-authenticated case of sarcoma, by the prolonged use of arsenious acid, is reported. The disease was so far advanced that amputation (the head of the left fibula), was refused.

Dr. J. H. Kellogg, of Battle Creek, Michigan, in a report of recent work in his physiological laboratory, says that the digestion of albumen was not unfavorably influenced by the neglect to masticate the food.

After an infant is three months old, sleep at night is worth more to it than food.

A writer in an English dental journal regards all other methods of treatment as secondary compared with the use of amyl nitrite in threatened cardiac syncope during operations.

A writer to The Lancet recommends strawberries, grapes, figs and tomatoes in the treatment of chronic dysentery. The most satisfactory results are claimed from this fruit treatment.

Cotton-root bark, in doses of twenty to thirty minims of the fluid extract, continued for several days, is recommended as valuable in metrorrhagia, hæmoptysis, hæmaturia and epistaxis.

Dr. Wilkins, of California. speaks very highly of the use of the cold bath in the pneumonias of young children. He reports a number of cases to the California Medical Society in support of his statements.

The latest treatment for general septicæmia is the hypodermic injections of creasote. The creasote is mixed with equal parts of camphorated oil and twenty minims of the solution are injected three times a day.

In a case of hæmaturia and bleeding from the gums, the gums were painted with the turpentine, and the oil given internally, with the result that blood ceased to flow from the gums, and no longer appeared in the urine.

A writer from India gives his treatment of dysentery, in a late number of The Lancet, which is so simple that one is inclined to doubt its efficacy in such a serious disease. The treatment is derived from the Persians, and consists in giving drachm doses of powdered cinnamon.

The Philadelphia Polyclinic says that in the summer diarrhœa of infants and young children, milk should not be used. Even if the milk be sterilized it will not answer. Stop the milk; cleanse the intestines; give antiseptics and sedatives, and after a few days give sterile milk.—Practical Medicine.

THERAPEUTIC NOTES.

To Reduce Flesh. Dr. E. B. Smith, of Detroit, Michigan, says he had a patient who weighed 373 pounds which was reduced to 265 pounds by the use of phytoline. The general health was thereby greatly improved. The doctor says this speaks volumes. The patient certainly lost a number of volumes.

Henry's Tri-Iodides. Dr. G. Frank Lydston, of Chicago, says he knows of no formula equal to Henry's Tri-Iodides as an anti-lithic, anti-rheumatic and alterative. In all of the functional or organic derangements dependent on perverted metabolism or defective elimination, the formula of the tri-iodides is rational, and thoroughly reliable.

Case of Lupus Cured. Dr. R. McFarland, of Columbus, Ohio, had a patient who undoubtedly had a patch of lupus near the outside corner of the eye. This was as large as a silver twenty-five cent piece. The doctor ordered that this spot be kept constantly moist with pineoline. To his surprise at the end of three weeks the parts had completely healed. No wonder he is friendly to such a drug.

A New Astringent. Tannigen is the name of a new derivative of tannic acid which is free from the disadvantages of the latter. Tannigen is easily given in milk, for it is without taste or odor. While it is a marked astringent, it is also perfectly free from irritation. It is especially recommended in acute inflammations of the intestinal canal; while it has a curative, or at least a beneficial influence over chronic catarrhal affections.

An Old Prescription. A favorite prescription, now used over twenty years, is a formula which was originated by the late Dr. John P. Gray, Superintendent of the State Hospital at Utica, New York. This formula is now presented to the profession under the name of Gray's Glycerine Tonic Comp. It is especially recommended to promote the appetite, increase assimilation, check tissue waste, and augment the weight. By referring to our advertising pages, the address will be obtained of the firm who will send liberal samples and literature, upon request.

Proof of the Pudding. Dr. L. G. Hanley, of Buffalo, New York, writes to the McArthur Hypophospite Company that he was more impressed at first with the manner of their introducing their goods than by the virtues of the preparation. But, after giving it a trial, he says he has the full proof of the pudding. He then relates a case in detail showing the good effects following the use of these hypophosphites. A boy had been terribly burned, and skin grafting had been tried without effect. The glands in the neck and groin were greatly enlarged. After taking the hypophosphites for one month, the grafting was again tried with marked success. The health had greatly improved, and there was considerable gain in weight.

Compound at Home. When Battle & Co., give the composition of their preparations, it has probably occurred to many a druggist to compound their own Bromidia, Papine and Iodia. But a writer in the Western Druggist, for August, says that out of fifty prescriptions, all alike, sent to as many druggists, only eleven were returned correctly filled. Some of the returns were the basest kind of substitutions. This is one of the most important questions which physicians have to meet. How do we know our prescriptions will be correctly filled? And are we taking proper precautions in this matter? Many a doctor has been blamed for not affecting a cure, when the truth was, the patient had taken but little, if any, of the medicine prescribed.

Treatment of Intermittent Fever. We obtain the following prescriptions from an interesting article in Practical Medicine, by Dr. W. M. Fleming, of New York.

Preparatory treatment taken six hours before the specific treatment.

R.

Hydrarg. Chloridi Mite
Sodæ Bi-carb., aa gr. 1

M. Divide into six powders.

Sig. Take one powder every fifteen minutes, using all the powders.

Prepare the specific dose as follows:

R.

Quinia Sulph., grs. xv

Aquæ, oz. j.

Acid Sulph., dil. q. s. ft. sol.

M. Sig. Take at one dose in one-third glass of water.

This dose should be taken three hours before expected paroxysm which usually occurs one hour earlier than the preceding one.

To relieve the uncomfortable head symptoms of the quinine, and to quiet pain and control fever of anticipated paroxysm:

R.

Antikamnia tablets (5 gr. each) No. xxiv.

Sig. One tablet every two hours while pain necessitates.

To tone up the system and prevent future attacks, prescribe the following for one or two weeks:

R.

Antikamnia and quinine tablets (5 gr. each) No. xxiv.

Sig. One tablet three times a day, after meals.

If called during the malarial chill or fever, prescribe the following:

R.

Antikamnia tablets (5 gr. each) No. xxiv.

Sig. Take two tablets immediately. Repeat dose in two hours if pain necessitates.

BOOK REVIEWS.

A TREATISE ON NERVOUS AND MENTAL DISEASES. By Landon Carter Gray, M. D., Professor of Diseases of the Mind and Nervous System in the New York Polyclinic. New second edition. In one handsome octavo volume of 728 pages, with 172 engravings and 3 colored plates. Cloth, $4.75; leather, $5.75. Philadelphia, Lea Brothers & Co., publishers, 1895.

The text-books on nervous affections are none too frequent, while the knowledge of the subject throughout the profession does not equal that of most other subjects. Dr. Gray certainly covers a large field in 750 pages, when he discusses two such subjects as nervous and mental diseases. This second edition has been considerably altered from the first. A number of new chapters have been added, and every portion of the work carefully revised. In speaking of Hydrotherapy, Dr. Gray says he is not yet convinced that it has more value in these cases than mere cleanliness. It requires great literary skill to present the subjects of diseases of the central nervous system so the reader will have sufficient knowledge to recognize them and be able to prescribe the most efficacious treatment. That Dr. Gray can do this needs no better evidence than the fact that this new edition was called for within two years from the last. The author may be regarded as one who has contributed a large part to the development of what may be called the American School of Neurology. There are many photographic portraits and instructive diagrams among the illustrations. These add greatly to the text in making it more clear and interesting.

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES. By Robert W. Taylor, A. M., M. D., Clinical Professor of Veneral Diseases in the College of Physicians and Surgeons, New York. In one very handsome octavo volume of 1002 pages, with 230 engravings and 7 colored plates. Cloth, $5.50; leather, $6.50. Philadelphia, Lea Brothers & Co., publishers, 1895.

We apparently forget that every tissue in the body and every affection is subject to modification in the presence of a venereal disease. These diseases stand apart among all others, in their importance to every practitioner. Dr. Taylor's Clinical Atlas of Venereal and Skin Diseases gave him a leading position in his specialty. Since the exhaustion of the last, fifth, edition of his Atlas, Dr. Taylor has been engaged in collating the results of the immense recent researches in venereal pathology and treatment, sifting them in the light of his own wide experience, and condensing them into the work before us. This volume is illustrated with 230 figures and 7 colored plates. All these, with but a single exception or two, have been made under the author's personal supervision from carefully selected cases. The treatment, pathology and sequelæ of gonorrhœa are thoroughly considered, and many new ideas are strongly expressed. In discussing stricture of the urethra, the au-

thor takes conservative grounds, but tells very clearly what should and what should not be done.

PATHOLOGY AND SURGICAL TREATMENT OF TUMORS. By N. Senn, M. D., Ph. D., LL. D. Professor of Practical Surgery and Clinical Surgery, Rush Medical College; Professor of Surgery, Chicago Polyclinic; etc., etc. In one handsome octavo volume of 700 pages, with 515 engravings, including full-page colored plates. Cloth, $6.00; one-half morocco, $7.00. For sale by subscription only. Philadelphia, W. B. Saunders, 925 Walnut Street, publisher. 1895.

We have a literature almost deficient in the discussion of such topics as presented here. Surgical pathology has been sadly neglected; while operative technique has been elaborated in great detail. The author has been many years collecting material for this work, and it must be declared as not only the latest, but the most complete of its kind. Dr. Senn does not believe in the microbic origin of tumors; but rests his classification on the theory of the origin of tumors. The origin, nature, structure, clinical aspects, and treatment of tumors are here portrayed with remarkable clearness and force. The profession has been aware that such a work as this was soon to appear; but it is doubtful if so original and exhaustive a treatise was expected. Yet, on the other hand, there remains the fact that whatever Dr. Senn undertakes he finishes in a most complete manner.

All the works under Book Reviews are for sale by Lowdermilk & Co., of this city.

YEAR-BOOK OF MEDICINE AND SURGERY. W. B. Saunders of Philadelphia announces that he will soon issue the American Year-Book of Medicine and Surgery. The work will be edited by Dr. Geo. M. Gould, who will be assisted by a number of eminent American physicians and teachers. This Year-Book may be called an epitomization of current journalistic literature, and will include only what is new.

The Popular Science Monthly for November contains a very interesting article on the Flood and the Glacial Period, with especial reference to primigenial skeletons. Descriptions and illustrations are given of three skeletons found in caves.

"CLIMATE AND HEALTH." This is the name of a new publication issued by the Department of Agriculture, under the direction of the chief of the weather bureau. It is a formidable looking journal of some 10x13 inches. There are about twenty-five pages of tables set in the finest type giving climatologic data from the various weather bureau stations. Then follow a number of maps, so covered with colored, irregular lines that the eye is unable to rest upon them but a moment at a time. It must be remembered that the Secretary of Agriculture recently dismissed the chief of the weather bureau, Prof. M. W. Harrington, and soon thereafter made the statement that his place was filled by a practical rather than a scientific person. The journal before us is the first publication to be issued by this new "practical" man. It is about as practical as a table of logarithms. It is as useful to the medical profession as a treatise on the Hindoo language. It is as valuable to the public as trips to the North Pole have been. We are glad we received it during cool weather, as the excitement, caused by its perusal, might lead to a fatal attack of whooping cough. The great Secretary of Agriculture, has shown his mighty wisdom in changing the chief of the weather bureau whereby birth could be given to this conglomeration of uninteresting climatological memoranda. The Secretary refuses the further publication of works on the diseases of horses and cattle, and recommends niggardly appropriations for the department of animal industry; yet he expends thousands of dollars in the publication of a journal for which there is no field whatever, and for which there is no demand save by an exceedingly limited number who choose to aid the Secretary in this attempt to elevate himself on his own erected pedestal of assumed scientific ability. The Secretary of Agriculture is a great man. He has now published a book. He can retire to his western farm and forevermore dream of the confusion and consternation he threw into the camp of clear-minded people.

THE
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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Physiology in the Public Schools.

Because one depraved man casts his vote at the polls on election day, is no reason why a good man should stay away. Because the laws against stealing are occasionally broken, is no reason why they should all be stricken from the statute-books. Because one objectionable novel may be for sale, is no reason why we should destroy the works of Scott or Dickens. And we add here, in reply to a recent article in the Buffalo Medical Journal by Dr. H. R. Hopkins, that because he finds such marked objections to the use of the Physiology and Hygiene in our public schools as written by J. Dorman Steele, is no reason why the whole law compelling the teaching of physiology and hygiene should be repealed. It might be wise in Dr. Hopkins to look at some of the other physiologies before drawing his conclusions. In one physiology which is in use in many schools, the author recommends that pupils club together in companies of five or six and study the alcohol question in their rooms. He gives directions how cider, wine and alcohol can be there treated in order to illustrate certain facts. He seems to entirely forget that it is not at all likely a few school-boys would scientifically study the chemistry of these products without at least testing their flavor; just the point the entire teaching should be directed against. But is it wise to throw out the whole teaching of physiology because of these egregous blunders of authors? In the case of the text-book to which Dr. Hopkins objects, he should bear in mind that the brilliant author has been dead a number of years. If the book is up to date, most marked changes have been made since its distinguished author laid down his work. We are greatly surprised to learn that Dr. Hopkins objects even to the teaching of physiology in our public schools. While some may not think it wise to undertake a discussion of the alcohol question, yet it is difficult to understand how any one could object to the proper teaching of physiology. The objection should be raised when such subjects are not taught. The fact that there are objections to such teaching rests almost entirely on the improper methods of presenting it. For instance, vivisection should never be performed in any public school. Repulsive specimens, objectionable illustrations, and grinning skeletons should have no place in such teaching. The illustrations in some of the text-books used in our public schools are nothing less than hideous and shocking in the extreme. But this is incidental; it does not affect the principle that physiology should be taught in our public schools.

The most atrocious examples could be given in arithmetic, but mathematics must not be omitted for such a reason. Dr. Hopkins condemns the teaching of physiology and hygiene in the public schools largely because he finds objections to the text-book in use in his city. Let him look about and take in the whole horizon.

The Friendly Tubercle Bacillus.

A recent writer has declared that the tubercle bacillus is a great benefactor of the human race, and that its extermination would be injurious to the welfare of the world at large. The author, Mr. Lawrence Irwell, says that among the lower animals, fitness results in life and reproduction; and unfitness in death and sterility. But among men, the capable may have honor and wealth but are relatively sterile; while the incapable and unsuccessful contribute by far the larger part of the men and women of the future. Mr. Irwell says it is the duty of us all to make some sacrifice in the interest of posterity. The only way we can pay the debt we owe to those who have gone before us is to work for the interests of those to come. The most fundamental and lasting good is that which will add to the permanent welfare of the race. By thus sacrificing ourselves, Mr. Irwell says we can free the world from those types which are a drag upon the resources of the community. He says that the tubercle bacillus does not indescriminately attack anybody and everybody, like some other microbes. A perfectly healthy individual, living under favorable conditions, is never successfully attacked by the tubercle bacillus. Yet 91,000 persons die in the United States alone in any one year from tuberculosis, because they inherit or acquire a tuberculous constitution. The author calls attention to the fact that women with tuberculous tendencies are often very beautiful, and they naturally marry easy, while their extraordinary fertility is well known. This phthisical type is common both in this country and in England. It appears that no matter how sanitary may be all the regulations of life, if there is an inherited or acquired tuberculous diathesis, the parties will succumb to the disease. Thus it follows that no matter how much the conditions of life may be improved, the type will remain. More than this: the more we improve their struggle for existence so much the more certain is it that the type will remain with us. And yet, the men and women of the consumptive class are all the time contributing to their perpetuation of this undesirable type, few being found unselfish enough to refrain from reproducing their species. The conclusion of Mr. Irwell's argument is already foreseen, which is to the effect that the microbe of tuberculosis is a selective agent. It is the friend of the human race, for it carries off the unfit.

The author then proceeds to prove that the race can be improved by breeding from good strains and allowing the degenerated to die out. He declares that in a hundred and fifty years we could have a race equal to the best of the present day, sound in lung and limb, and full of physical and mental vigor. When we consider that three thousand persons die from tuberculosis every day in Europe, and more than thirty on an average every day in the State of New York (1887), we begin to realize the gigantic nature of the disease. If persons were properly educated on this subject, says Mr. Irwell, a young man and young woman with inherited tubercular diathesis, would no more think of marriage with each other than they would of suicide. Mr. Irwell's paper appears in full in the November number of the Dietetic and Hygienic Gazette, the editor of

which says that the most direct and probably the only effectual way to completely annihilate the tubercle bacillus rests in educating the people up to a better knowledge of the subject of reproduction, that they may better understand the law of heredity and fully realize their responsibility to posterity.

Things We Should Remember.

In a paper read before the Medical and Surgical Society of this city, Dr. Elmer Sothoron mentions the things we should remember in the application of the forceps. We must remember that nature is slow but sure, and we should never attempt to force her by the use of the forceps unless the life of the mother or child is in danger. We should remember that the forceps act not only as a tractor, but also as a compressor. We should always remember that an anesthetic is especially necessary in the application of the long forceps. The use of these forceps should never be attempted without proper assistance. The forceps should be carefully applied and they should lock without difficulty. We should remember and never allow the entreaties of patient or friends to persuade us to use the forceps. When the time has come for their use we should know it and should proceed at once to action. We should remember and have the forceps aseptic for there is danger that the parts will absorb septic matter. Dr. Sothoron is a strong advocate of antiseptic midwifery.

In discussing this paper, Dr. Moran said that the lives of numberless infants had been sacrificed and thousands of mothers rendered invalids by the untimely and ignorant use of the forceps. He believed that the most aseptic conditions possible and the greatest care and gentleness should be exercised in their use. Dr. W. S. Bowen said he firmly believed in the value of the forceps but he was afraid there was a tendency among busy practitioners to apply them too early in the course of labor, especially in primipara. Dr. Kelley said that the forceps should not be used unless absolutely necessary as much harm may be done even when in skilled hands. Dr. Bovee said that the same instrument could be used for both high and low operation. During the past five years he had not used the vaginal douche in labor for antisepsis outside of hospital work. Even though the use of the forceps may not be imperative, yet they may often render great aid in careful hands. Dr. Carr said he had never seen harm follow the use of the forceps where there was no serious obstruction. The paper and discussions from which the above is taken appear in the Virginia Medical Monthly.

Artificial Feeding of Infants.

This is not only one of the most important but it is also one of the most interesting subjects which the physician is called upon to understand. The feeding of young infants may be conducted on the very best lines, and yet all of the work prove useless if the mistake be made of giving any solid food too early. A small amount of bread, meat or other solid food may be sufficient to cause a severe attack of diarrhœa and vomiting. Many articles have appeared in our exchanges on the artificial feeding of infants and yet it is the exception to read anything on this question of the use of solid food. Of course, the subject is of more importance during the hot season, yet errors in diet should be avoided at all times. A few writers place the age at ten months when solid food should first be allowed, but we believe at least another three months should be added. Another point which is not brought out sufficiently clear is the benefit derived from taking all food away for a number of hours

when there is digestive disturbance. Filtered or boiled water should be given, and this followed in 24 hours with albumen water to be soon succeeded with limited amounts of sterilized milk. To keep feeding a child when the intestinal canal is filled with decomposing material, is certainly not according to aseptic methods. Do not give solid food to infants. Do not feed them for a few hours when they have digestive disturbances. Render the intestinal canal aseptic with small doses of calomel or other remedies. Then begin the use of sterilized food.

A Wicked Man. Now and then we read in some paper of the terrible deeds done by some wicked man. But we are taught to believe that we shall be punished not only for some of the things we do, but also for many of the things which we do not do. The sins of omission are often greater then the sins of commission. This being the case we cannot understand how a western judge refused to grant the tender appeal of a tearful wife who applied to him for a divorce from her wicked husband. The clinging ivy in this case was a practicing physician; and the complaint was that her unfeeling husband absolutely refused to prepare the meals while she was away treating the aches and pains of her husband's neighbors. If this had been our case we should certainly have cooked the meals for our devoted partner. After she had eaten a pie or two or a few biscuits we are sure she would never make the request again; while the probability would be the green grass would soon cover her and her troubles. Probably, in the supreme devotion of the early days of their married life, in some unguarded moment, the husband had demonstrated to the blushing bride that he could cook better than she. The moral of this little tale is, if you are a good cook never let your wife know it.

Treatment of Chronic Otitis Media. In a late number of the Journal is an article by Dr. J. H. Bryan, of this city, on the surgical treatment of chronic suppurating otitis media. Dr. Bryan says that after giving the patient a fair trial of the usual methods of treating this affection, then some more radical measure should be undertaken. By removing the membrana tympani and the ossicles freer drainage is permitted and remedies can be more directly applied to the diseased membrane of the cavity. The duration of the suppuration after the excision depends to some extent upon the length of time the abscess has existed, and the depth to which the carious process has expended into the surrounding bony wall. Dr. Bryan then reports a very interesting case which shows the benefits to be derived from this operation.

Ascending Mount Blanc. Under an editorial entitled, Onward and Upward, the Medical Fortnightly announces that it has resolved that it will not accept advertisements of medical preparations, the proprietors of which do not give a formula containing the official or chemical name and quantity of each composing ingredient to be inserted as a part of the advertisement. We are greatly surprised at this, for it hardly seems in keeping with the bright, wide-awake and progressive character of this "happy medium." This journal has no desire to ascend Mount Blanc. In the first place, it must be a very lonely journey; then you must be surrounded by a freezing atmosphere, quite characteristic of extreme conservatism; and, lastly, it must be very dangerous to life. Of course, one needs a guide, and, in this case, the St. Louis adventurer can look to Chicago for one who has had some slight experience. On the testi-

mony of less than a half dozen eye-witnesses, men have been hung. But, it appears that six hundred physicians might testify to the efficacy of a drug, yet certain journals would not advertise it; neither would some physicians prescribe it. And why? Simply because the proprietors of that drug do not care to tell every unscrupulous druggist how these remedies can be prepared. Let a prescription come into a drug store for one of these preparations. If the druggist does not have it, but has the formula, in nine cases out of ten, he will prepare it. It is safe to state that, in a good per cent. of the cases, the preparation would be imperfect, the results unsatisfactory, and the physician would thereafter drop it. To fully carry out the position taken by The Journal and the Medical Fortnightly, would certainly result in driving from the market every such preparation. We are not prepared to subscribe to this.

Nine Days Sleep. Our exchanges are reporting the case of a boy who slept for nine days under hypnotic influence. We have some acquaintances whom we have known to be asleep for about fifteen years. We do not know whether this is due to some professional hypnotist or whether it is the result of fear-of-work.

Cheese for Babies. A writer in one of our exchanges expatiates on cheese as an article of diet. He declares that it is all nonsense to think cheese is difficult to digest. He says that babies appear to thrive on it and why should adults be so afraid of it? He says that a highly valuable substance, rennet, which even aids digestion is added to the milk in order to make cheese, therefore cheese should even be more easily digested than the raw milk. As cheese exists in milk, therefore all infants eat it. And yet journals which publish these valuable scientific articles can be procured for the small sum of one dollar a year! Even Puck and Judge cost more than this; and yet they rarely contain anything richer in a medical way.

A Pleasant Treatment. A physician in Illinois treats his cases of erysipelas with external applications of honey. In erysipelas of the face, it is said to quickly relieve the pain and greatly shorten the attack. We were with an acquaintance once in a barber shop. After the barber had completed his surgical operation, he asked if he should not put a little "spirituous tonic" on the face; to which our friend replied, "yes, and let a little run in between the lips." If the Illinois physician should treat us for facial erysipelas, we would suggest that he be as liberal in the local application of his remedy, as our friend suggested the barber to be.

Too Early. It appears that one of the companies which runs a line of steamers on the Great Lakes offered a prize this season of $250 in gold, for every baby born on one of its vessels; $500 for twins; and $1,000 for triplets. The editor of the Medical Record says he has not heard, as yet, that the birth-rate on the Great Lakes was higher than usual this summer. The Record is in altogether too much of a hurry. Be patient and watch the dailies the coming season. It takes time to prepare for such things.

It Beats Washington. We have some so-called doctors in our midst who claim to have treated enormous numbers of patients in nearly every department of medicine. In obstetrics they have averaged two or three a day for the past twenty years. In surgery they have cut off limbs at such a rate that it would take a conductor's bell punch to keep track of them. In medi-

cine they see scores of cases every day. No doctor has ever had a case but these prodigies will duplicate it many times over. But we fear the Ananias and Saphira medal will have to be transferred to St. Louis. Recently a doctor in that city stated on the witness stand that he had treated two million cases of insanity in his experience of thirty years. As this doctor lives in a city which is known for its great need of more physicians and more medical journals, so it is possible that the above figures may be true; for it is doubtless a fact that the people who are in our insane asylums believe that those who are on the outside are the ones who need treatment. Our Washingtonian brothers must awake or St. Louis will claim the first prize.

Another. The editor of the Medical Record comments at some length on the numerical expertness of the above St. Louis story. It then proceeds to tell a bigger one on the very next page. It says the health officer of our city declares that an epidemic of typhoid fever exists in our midst and adds that during one week at least six hundred cases were reported to the health office!

Unable to Pay. A report from the Woman's Clinic shows that during the past year 3,165 patients had been treated. This would appear, on the face of it, to be equivalent to rendering valuable aid to 3,165 women and children, none of whom would have been able to secure such aid if it were not freely given. Can such a condition of things be possible? The strong probability is that at least seventy-five per cent. of these patients could have paid something, with the result of saving them from the moral degradation of being objects of charity. And it is altogether probable that a good per cent. of the number could pay the usual physician's fees. Too much charity of this kind is degrading to the patient and injurious to the profession.

Southern Surgical Association. The recent meeting of the Southern Surgical and Gynecological Association in this city was well attended and a number of papers were presented of unusual interest. On the last evening of the meeting, Dr. Joseph Taber Johnson gave an elegant reception to the Association at his residence. A number of physicians of the city were invited to meet the visiting members. The reception was enjoyable and most delightful in every way.

A Good Beginning. Dr. John H. Stone, son of Dr. Charles G. Stone, reached the highest mark in the recent examinations held for applicants for Physicians to the Poor. In this test he had twenty-five other physicians with whom to compete. Dr. Stone's average was 94 out of a possible 100. Dr. Stone has also successfully passed the severe examinations for entrance into the army. These examinations are extremely severe, and both John H. and Charles G. certainly deserve the congratulations of their many friends.

Practical Medicine. The November number of Practical Medicine contains five original communications on: When Consumptives Should Go to Colorado and Why; Clinical Observations Upon Petrojel; The Pre-Tubercular and Pre-Bacillary Stages of Consumption; Hydo-Pyonephrosis with a Case; The Treatment of Intermittent Fever; together with the usual number of editorials, reviews, etc.

HOSPITAL REPORT. OCT. 15 TO NOVEMBER 15.

BY J. A. STOUTENBURGH, M. D.

COLUMBIA HOSPITAL.

SERVICE OF DR. J. W. BOVEE.

Curettage for endometritis, four cases.
Curettage for retained placenta.
Curettage, trachelorrhaphy and perineorrhaphy, two cases.
Curettage, trachelorrhaphy and rt. vaginal salpingo-oophorectomy for cystic ovary.
Curettage and trachelorrhaphy.
Vaginal hysterectomy and LeFort's operation.
Double salpingo-oophorectomy for salpingitis, cystic ovaries and fibroma uteri.
Double vaginal salpingo-oophorectomy for hæmato-pyo salpinx and cystic ovaries.
Hysterectomy for multiple fibroma uteri.
Radical operation for double inguinal hernia.

SERVICE OF DR. J. TABER JOHNSON.

Dilatation cervix uteri.
Curettage for endometritis.
Curettage for retained placenta.
Curettage and cauterization for carcinoma uteri.
Amputation of breast for carcinoma.
Salpingo-oophorectomy for cystic ovary and retro-uterine adhesions.
Salpingo-oophorectomy for tubo-ovarian cyst and cystic ovary.
Salpingo-oophorectomy for tubo-ovarian cyst and salpingitis.
Supra vaginal hysterectomy for myoma uteri.

GARFIELD HOSPITAL.

SERVICE OF DR. J. VANRENSSELAER.

Treatment of stump following amputation of thigh by an electric car.
Clamp and cautery for hemorrhoids.
Enucleation of enlarged inguinal glands.
Removal of large splinter from sole of foot.
Double salpingo-oophorectomy.

SERVICE OF DR. J. FORD THOMPSON.

Whitehead's operation for hemorhoids.
Excision of superior maxilla for osteosarcoma.

SERVICE OF DR. H. D. FRY.

Dilatation and curettage.
Trachelorrhaphy and curettage.
Double salpingo-oophorectomy.
Vaginal hysterectomy for carcinoma uteri.

SERVICE OF DR. J. B. BRYAN.

Removal of posterior adenoid tissue from nose.

SERVICE OF DR. A. L. STAVELEY.

Curettage, excision of hemorrhoids and incision for fissure in ano.
Whitehead's operation for hemorrhoids.
Intestinal anastomosis for stricture of colon near sigmoid flexure.
Trachelorrhaphy, curettage and modified Emmet's operation for restoration of the pelvic floor.
Whitehead's operation for hemorrhoids, and incision for fissure in ano.
Curettage for felon of thumb.

SERVICE OF DR. W. D. CANNON.

Excision of glands for double inguinal adenitis.

CHILDREN'S HOSPITAL.

SERVICE OF DR. J. FORD THOMPSON.

Circumcision, three cases.
Excision of inguinal glands.
Incision and drainage abscess of hip, two cases.
Osteomony of femur.
Plastic operation for harelip.
Reduction of strangulated hernia.

SIBLEY HOSPITAL.

SERVICE OF DR. H. H. BARKER.

Curettage for endometritis, two cases.
Trachelorrhaphy for lacerated cervix.

SERVICE OF DR. E. A. BALLOCH.

Curettage, perineorrhaphy and trachelorrhaphy.

SERVICE OF DR. J. R. WELLINGTON.

Operation for hemorrhoids.

SERVICE OF DR. W. P. CARR.

Removal of cervical glands.
Curettage for endometritis.

SERVICE OF DR. T. C. SMITH.

Operation for fistula in ano.

EMERGENCY HOSPITAL.

SERVICE OF DR. JAS. KERR.

Amputation of fore-arm.
Amputation of hand.
Amputation of fingers, three cases.
Herniotomies, Bizini's modified, two cases.
Excision of inguinal glands.
Sorre's excision of angle of mouth and submaxillary glands for epithelioma.
Excision of tumor involving right pectoral clavicular and axillary regions.
Suturing tibia for compound fracture.
Suturing incised and lacerated wounds, sixty-eight cases.
Suturing flexor tendons of finger.
Transfusion for internal hemorrhage.
Trephining for depressed fracture of the skull, two cases.

SERVICE OF DR. S. M. BURNETT.

Enucleation of eye for staphyloma.
Cataract extraction, three cases.

FREEDMEN'S HOSPITAL.

SERVICE OE DR. D. H. WILLIAMS.

Fracture of clavicle, (two places).
Fracture of femur, (upper third.)
Extraction of foreign body (catheter) from prostatic urethra.
Adjustment of fracture of clavicle.

SERVICE OF DR. E. A. BALLOCH.

Aspiration of bladder.
Extirpation of inguinal glands.
Extirpation of inguinal and femoral glands (both sides).
Adjustment of fracture of femur (lower third).
Internal urethrotomy for stricture.

SERVICE OF DR. N. F. GRAHAM.

Fistula-in-ano.
Extirpation of cervical glands.
Necrotomy of inferior maxilla.
Radical cure for inguinal hernia.
Abdominal hysterectomy for fibroid uterus.
Extirpation of tubercular cervical glands.
Osteotomy of tibia.

SERVICE OF DR. LOUIS P. SMITH.

Enucleation of eyeball.
Enucleation of crystalline lens.

SERVICE OF DR. F. J. SHADD.

Curettement of uterus (four).

COMMUNICATION FROM DR. JOSEPH PRICE.

TO THE EDITOR, NATIONAL MEDICAL REVIEW.

Dear Doctor:—I feel it due to thank you for your kind and friendly editorial, reference to the uncalled for controversy thrust upon me by the physician in charge of the Preston Retreat. You read his words and interpret their spirit, as I believe the great majority of the good and worthy men of the profession will interpret them. In this conclusion, I am confirmed by numerous letters received from professional friends. To the thoughtful, considerate and unprejudiced the conduct of the present incumbent of the Retreat will, at least, be a surprise. To me it is not so much a surprise, when I consider the men behind him, in whose hands he is as pliable as putty. It is not a cheerful reflection that there are even a few in our profession who, for a little cheap notoriety would sell honor and friends. I have never had any objections, on the contrary have welcomed, the most careful scrutiny and criticism of my work and the record of its statistics, both inside and outside the Retreat, and that also inside and outside my private Hospital. And to my profit, and I hope to others, these records have been subjected to many perfectly honest, courteous and legitimate criticisms in society discussions and elsewhere. So far as my record in the Retreat is concerned, it may be blurred by malicious hands, yet it will stand truthfully in the history of the institution in letters that cannot be effaced. There is a reason and a justice in my pride in it. The record is that of a maternity, whatever there may be of lessons in it, they are those of the pro-

fession. There are other maternities in our country with splendid records, made against the most adverse and unfavorable of conditions. These records are as much my pride as if my own. They are the home-shelter and care-place of mothers during the most critical period of their lives, that of child-bed, and it is there the obstetrician and nurse discharge the weightiest, the most responsible duty that can devolve upon any one of any profession; that of saving the life of a mother and her new born.

The little cotarie of men behind this new light in Israel who are engaged in this eternal snarling and attempted bush-whacking, are well known to the profession, and their animus is equally well known, and they will sooner or later excite disgust and contempt. I can afford to wait.

It would seem to be a waste of time to quarrel over our records, over the little we know and do so imperfectly, and with so much before us to learn. The good and successful work of our fellows has a scientific as well as a moral value. Through legitimate criticism our errors are corrected, but this criticism should not reach that extreme of morbid mental tendency which would decry the colors of the spectrum. I have not hesitated to speak freely where my own convictions or the result of my own experiences were involved. My own strictures upon my own failures have, on many occasions, been more severe than those of others, no one can feel them so keenly, or regret them more. Some of us can escape the glaring truth that only too often our results are meagre and unsatisfactory.

I feel that where there is a success it is something more than individual, that the profession shares in it, this since the success must touch a grave interest to humanity, is a fresh encouragement, a new stimulus and lesson to the earnest men of the profession. It will be long before we get so far that we can go no farther. As to what is before yet beyond us, there are conditions which limit our vision, but they are not governed by the same laws which apply when looking down into a well. As to my own case I have simply endeavored to master as far as possible, in this my human limits, what I undertook, not extending my field so far as to narrow success by scattering aims and energies. And whatever may be the position I occupy in my profession I owe it to long, persistent and strenuous effort. I have received (and no acknowledgment could I make more cheerfully) generous encouragement and practical lessons from noblemen of the profession, and I have the pride and comfort of feeling that I have never attempted to build at the expense of the good names and worthy work of others. There is no broader or more difficult science than that of medicine, using the term generically, and he who pursues or practices it carries a balance weighted with the gravest issues and interests that concern human kind, the saving of life and the bettering of human physical conditions. And the fact that specialization brings the greatest success in other undertakings, is to a greater degree true of medicine, its broad field cannot be cultivated in one little lifetime.

Therefore, I have selected my specialty and pursued it with the best light at my command. I have sought good teaching and good books, have followed the principles and methods which have withstood the hard-seasoning of experience. The lessons I gained through many years in courts and alleys, in hospitals and through other avenues, I have through a high sense of duty imparted to those of my profession with whom I have been thrown in contact that they might have the advantage of whatever good there was in what I had learned through experiences, not at all times pleasant, without having to pass over the same road. There are a few who followed me, after my rougher experiences had been gone through with, and for years received all I could give without sign then nor since of generous appreciation. They are to-day my enemies, open where it is safe to be, secret where a malign purpose is to be served. It is impossible to suppress the small cur instincts of such creatures. Their bark is not so dangerous as tiresome.

It is pleasant to me to have your good journal speak of me kindly; it is unpleasant for me to have to allude to my-

self personally, but I have had to do that to be perfectly frank. There is one happy reflection and that is that as we get away from old dead theories and practices we get away from dead reasons for fends, and the closer home comes the conviction that our greater advancement must come of hearty and generous co-operation.

Yours Sincerely,
JOSEPH PRICE.

COLLEGE NOTES.

NATIONAL UNIVERSITY.

MEDICAL DEPARTMENT.

Prof. Smith, our laryngologist, is lecturing on Tuesday evenings.

The attendance this term taxes the limits of the main lecture hall.

What has become of Prof. Wilmer? He is a general favorite with the boys.

Prof. Bovee, on gynæcology, gives interesting talks which attract all students and many others.

Very few changes were made this year in the faculty; the most important being that of the addition of Prof. Smith.

Prof. Kolipinski has given the students tracheotomy right in the neck. His histories of surgical operations are valuable and interesting.

Prof. Barker, our esteemed dean, begins his lectures on obstetrics after the holiday vacation. These lectures are practical in nature and effective.

The business like manner in which the faculty is handling the new school problem augers well, and the students and alumni are rejoicing at the prospect which presents itself.

How pleasant it is to hear a professor talk without manuscript, it has a wholesome effect upon the hearers. With men who know the subject it is not difficult. One has more confidence in the lecturer's ability.

Prof. Winter says give the patient suffering with articular rheumatism the following:

R	Sodic Salycilat.	oz. ½
	Tinc. Aconite	gtts xx
	Aq. dist.	oz. ½
	Vin. Pepsini	ad. q. s. oz. 2

M. Sig. One teaspoonful in water every 3 hours.

D. E. WIBER, D. D. S.

GEORGETOWN UNIVERSITY.

MEDICAL DEPARTMENT.

Pediatrics, although a new branch this year, has taken a firm hold with the boys. This is attributed to the ability and earnestness of Dr. S. S. Adams who seems to take a personal interest in each individual student. Praise on all sides is heard for the doctor.

Col. Forward's lectures on Surgical Pathology have awaken great interest in this branch. The Doctor does not advocate the use of antiseptics in cleaning out abscess cavities but instead, after making a free incision, wash out with boiled water, with the addition of a little borax. Peroxide of Hydrogen may be used freely. Completely dry the cavity with aseptic gauze and then pack with iodoform gauze.

It is very gratifying to the faculty and encouraging to the students that so many members of the class of '95 have received hospital appointment. Some of the fortunate ones are: Drs. Frank M. Furlong, senior ass't, and Thomas B. MacDonald, junior ass't, Emergency Hosp.; Abbott S. Payne, ass't resident, Colored Hosp. N. Y.; Marion McH. Hull, Charity Hosp., N. Y.; Robt. F. Cannody, Pocker Hosp,, Sayre, Pa.; J. Stephen Thompson, Alm's House, D. C.; F. W. Braden, Garfield Hosp. Edward J. Mahoney and J. Doshim Brooks are continuing their studies abroad. While on this subject it may be interesting to note that the class of '96 has started in to pluck some of the good things. Bailey K. Ashford has been appointed resident student of Children's Hospital and M. Darcy Magre, extern. at Garfield.

J. MILTON HELLER.

[We would be pleased to receive notes from the other colleges.—ED.]

PROCEEDINGS OF MEDICAL SOCIETY OF D. C.

At the first meeting of the Medical Society, October 2nd, a number of new member were elected and routine business performed. The President, Dr. S. C. Busey, thanked the members for the great kindness shown him during his late illness. Dr. W. P. Carr gave the paper of the evening.

At the meeting of October 9th, a motion was carried to the effect that the Society subscribe to the Index Medicus for five years. Dr. Joseph Taber Johnson presented the following specimens, with histories: Hysterectomies; ovarian Cysts; extra-uterine Pregnancy; concretion from an Appendicitis. Dr. J. W. Bovee presented an extra-uterine Pregnancy. These specimens were discussed by Drs. Atkinson, Glazebrook, Van Rensselaer, Bovee, Reyburn, Bishop and Johnson. The paper of the evening was read by Dr. A. R. Shands.

At the meeting of October 16th, a resolution was adopted commending the efforts of the Health Office to ascertain the number of cases of typhoid fever in the District; and directing the corresponding secretary to send a circular letter to every member of the Society urging that a report be sent at once to the Health Office, giving the number of cases, if any, of typhoid fever treated since July 1, 1895. Dr. J. W. Bovee presented the following specimens with histories: Multiple Fibroid, with hydro- and pyo-salpinx; Sarcoma of the Fundus of the Uterus; Uterine Fibroid. These specimens were discussed by Drs. T. C. Smith, C. G. Stone, A. F. A. King and Bovee. Dr. A. B. Storch gave the paper of the evening.

At the meeting of October 23rd, Dr. S. S. Adams exhibited a boy whom the doctor had presented to the Society some ten months previously. The boy was then covered with the vesicles and pustules of pemphigus. He was now perfectly well. The treatment consisted in good food; increasing doses of Fowler's solution; opening the vesicles, as soon as they formed, at the base; followed by local applications of a saturated solution of boric acid. Dr. Acker presented a specimen of abscess of the liver, with history. This was discussed by Drs. S. S. Adams, Carr, Suddarth and Acker. Dr. Mary Parsons presented a bandage for displaced kidney. The papers of the evening were read by Drs. T. N. McLaughlin and E. L. Morgan.

Tumors of the Breast.

At the meeting of the Medical Society of this city for October 2d, Dr. William P. Carr read the essay for the month, entitled, Tumors of the Breast.

Dr. Carr said that it is misleading to draw sharp lines between such tumors as adenoma, fibroma, sarcoma, adenosarcoma and carcinoma. Adenomata according to Virchow and other authorities are really fibromata. There is no real difference between adenoma and inflammatory infiltration, as far as microscopic appearances go. It has long been recognized that there is no sharp line between fibroma and sarcoma. In the normal breast physiology shows us that the glandular epithelia are all under nerve control. It matters not whether nerve fibrils enter each cell. But some of these epithelial cells may be deprived of nerve connection by inflammatory pressure or the contraction of newly formed connective tissue. They may then become independent organisms, like a number of ditch amœbæ injected into the tissue. They may multiply ad libitum, break down the walls of the gland tubules and wonder about as foreign bodies and sources of irritation. They may become the cancer germ or cancer amœba. Nothing but the activity of the leucocytes can prevent these cells from invading new tissues. A warfare will immediately begin between these invaders and the leucocytes, similar to that between invading tubercular bacilli and the leucocyte and if the former are relatively more active the tumor becomes malignant, if the leucocytes are more active the tumor will remain benign. There is much reason to regard adenoma, sarcoma and carcinoma as different varieties or stages of one and the same thing, rather than as separate entities. Many undoubted cases are now on

record of benign tumors becoming malignant. We have apparently seen these changes taking place under the microscope. There is no real reason to doubt that all malignant tumors are benign in their incipiency. There is no proof to the contrary, and cancer patients usually give a history of a preceeding inflammatory condition, although this testimony has been persistently ignored. It is impossible to tell in its incipiency whether any tumor is malignant or benign. It is too dangerous to wait development for there is always a large per cent of chance that it will prove malignant. It will then be too late for any certainty of cure. Cancer should be cured before it can be recognized as cancer. The writer has operated upon half a dozen cases that showed no sign of malignancy at the time of operation, but were shown to be cancer by microscopic examinations. He believes these cases are all really cured and that many such cases occur but are not recognized because no microscopic examination is made. All tumors of the breast should be removed in their incipiency and all such tumors should be examined after removal by a competent microscopist. If there is no evidence of malignancy we need not invade the axilla, and if the tumor is encapsulated it may only be necessary to remove it entire in its capsule. But if there is suspicion of malignancy the most thorough operation should be done. Cancer is increasing at a fearful rate in Europe and America and the only hope of diminishing its mortality seems to be very early operation.

DISCUSSION BY DR. E. A. BALLOCH.

Dr. Balloch said that he seldom listened to a paper which interested him more than this one. Having given this subject attention for a number of years, he could appreciate the labor necessary to the preparation of the essay. He was not prepared to follow the essayist in allowing to trauma a very large place in the causation of tumors of the breast. Nearly every woman, at one time or another, injured one of her breasts, so that when a woman finds a growth in the gland it is easy for her to recall some real or fancied injury to account for it. He believed with the essayist that old inflammatory troubles were a distinct factor in causing irritation and might thus be the starting point for malignant growths. He was much interesting in Dr. Carr's remarks concerning the possibility of a benign growth becoming malignant. Some years ago he had gone over the evidence on this subject and embodied it in a paper before the Society. He found that while there was an almost universal belief among pathologists and clinicians in the possibility of such a change, yet there was little or no actual evidence that such a change ever took place. As a matter of fact, it would be almost impossible to demonstrate such a change. He confessed his inability to thoroughly understand Dr. Carr's theory as to the causation of cancer. He could not see how an epithelial cell, cut off from nervous influence, could wander off, proliferate and become the starting point of a carcinomatous growth. This theory seemed to him to be more speculative than the facts in our possession would warrant. For instance, there was the factor of age. If a detached epithelial cell were the starting point of cancer, why should we not find cancer at any age, as we do sarcoma? But however much we may differ as to the pathology of these growths, there is only one opinion as to their treatment. He endorsed every word that Dr. Carr had said in favor of early and complete removal of all mammary tumors. He said there were few sadder pictures than that of a woman dying from cancer of the breast, and as for himself he did not dare to take the responsibility of advocating anything but the most radical measures. If we are to have any success in the operative treatment of cancer it must be by early operation. Dr. Carr had called attention to a point often overlooked by operators, namely, the danger of infecting the wound by rough handling or squeezing the malignant growth and thus strewing the wound with its cells. If a radical operation were to be done, he preferred Halstead's or Willy Myer's operation where the growth, the gland, the axillary contents and the pectoral muscles are removed in one mass. In conclusion he would say that, taken as a whole, the

paper was a thorough and able presentation of the subject.

DISCUSSION BY DR. A. F. A. KING.

Dr. King said he did not know before listening to Dr. Carr that the axis cylinder of a nerve fibrilla extended into an epithelial cell; but he was glad to know this as it tended to corroborate a favorite idea of his own that malignant growths were due to an ineffective nerve-government. Cancer of the uterus occurring after the climacteric on account of the nervous supply as well as vascular supply probably being alike reduced, was in accord with this idea of his.

Early Mechanical Treatment in Anterior Poliomyelitis.

At the meeting of the Medical Society for October 9th, Dr. A. R. Shands read the paper of the evening on the above subject. This paper appears in full in the November number of Practical Medicine, a copy of which will be sent to any address upon application.

Dr. Shands first discussed the causation, clinical history and pathology of anterior poliomyelitis, and then gave the treatment. The treatment was considered largely from the standpoint of preventing the various deformities. The author said that just as soon as it is recognized that any of these deformities are beginning to be established, then at once the weak muscles should be given the necessary mechanical support to prevent the same. The principles involved in the mechanical treatment of these cases consist in supplying support and protection to the paralyzed muscles. But little idea can be given in a paper of the best kind of an apparatus; for the ingenuity of the most skilled orthopædic surgeon is often severely taxed. Dr. Shands urged his hearers not to trust their patients to instrument dealers, who think of the handsome profit rather than the best interest of the patient. If necessary support be given enfeebled muscles with a comfortably fitting brace, your patient will not only be given great relief, but you will prevent the occurrence of deformity. Dr. Shands said that in his opinion electricity and massage are utterly worthless to restore these muscles to their proper condition. He firmly believed that if the proper mechanical means be used in these cases of poliomyelitis from the beginning and if the case be carefully watched, there was no necessity for the horrible deformities with which we so often meet.

DISCUSSION BY DR. S. S. ADAMS.

Dr. Adams said if there was one thing which perplexed the physician it was infantile paralysis. It was generally in the beginning of this disease that such alarming symptoms were seen, and which suddenly subside when the true nature of the disease is recognized. The first treatment should be to prevent deformities. He had recently read the work of Dr. Sachs' who had written one of the best books on the nervous diseases of children and who said there was no disease, the early treatment of which was so necessary as infantile paralysis. There was no specific, nor was there any virtue in the various remedies used so far as uniform improvement was concerned. To allay the first symptoms he considered of the first importance. Our attention should be directed toward the treatment of the general symptoms at the beginning in the hope that the inflammatory condition will subside. He had seen various methods of treatment tried without success. He agreed with Dr. Shands that the treatment with mechanical appliances was one of the best. He did not consider that the application of electricity directly to the cord was justifiable, as it was likely to do more harm than good. In regard to its external application, if it was applied by some one who thoroughly understood it, it might do good in a certain class of cases, but as a rule it was applied by those who are not familiar with its use. Some years ago it became fashionable for physicians to have electrical apparatus in their offices. A great many had them but received no good results from their use. Why? Because they never took the trouble to study electricity. Electricity is then condemned, when in the hands of one thoroughly skilled it might have done good. Dr. Adams said he had never seen any benefit from electricity when the paralysis was general. This was true even when skilled persons

had applied it. He believed there was some virtue in massage when properly applied. But to try to teach parents to do it was simply foolishness. He had used strychnia hypodermically and had given it a thorough trial but had seen no benefit from it. The main point was the treatment by apparatus. It was important to know when it should be applied. To apply it before the deformity begins would seem to be the most rational method, but it was doubtful whether the parents would allow this. They must see the necessity for an apparatus before they will apply it. The great majority of physicians, when they see these deformities say something must be done but they wait; and the patient goes from one physician to another and finally to the instrument-maker for an apparatus. Dr. Adams said no physician should trust any man to make an apparatus. If he cannot make one himself he should superintend its construction or have some competent surgeon do it for him. It was simply wonderful how these deformed limbs could be straightened.

DISCUSSION BY DR. F. B. BISHOP.

Dr. Bishop said he did not think there was any author of the present time who did not recommend mechanical treatment in these cases. He also thought most, if not all, of them recommended electricity. It was recommended most highly for the third stage. He did not know of any organic disease of the spinal cord in which electricity did so much good as in this class of cases. Morton, of New York, recommended the use of the galvanic current just as soon as the diagnosis was made. Dr. Bishop said that electricity was of great value to the physician as a means of diagnosis. By the Faradic current it was possible to trace each and every muscle to its nervous origin in the spinal cord. When every muscle lost its irritability to the Faradic current, during or by the end of the first week, it was a very bad sign. It was a sign of the degeneration of the cells in the cord. Dr. Bishop stated that cases were on record which had gone from six to twenty-five years, and had then been treated for a year without any sign of reaction, but this returned at the end of the year, and as a result patients had been enabled to walk who had not done so for years. Dr. Bishop stated that he had treated a girl who had been paralyzed from the time she was five until she was thirteen years old, where the muscles of the arm were small and greatly shrunken. At the end of one year's treatment she was able to use her hand, illustrating the absurdity of the assertion that electricity was useless. Dr. Bishop said if he had to do without electricity or mechanical appliances he would certainly omit the latter.

THERAPEUTIC NOTES.

THEY CAN SELL VIN MARIANI. The dispensary law in South Carolina has been so rigidly enforced that druggists have been afraid to sell even medicinal preparations which contained wine. But the Governor of the State has recently made a special exemption in the case of Vin Mariani.

GAINED THIRTY POUNDS. Dr. W. N. Powell of Allentown, Pa., says he first began the use of McArthur's Hypophosphites in 1887 when he prescribed it in a case of phthisis with the result that the patient gained thirty pounds in three months. Since then he has used it in pulmonary affections and "cannot speak too highly of it".

PRACTICAL DIETETICS. In a recent work by Prof. W. Gilman Thompson of the Univ. of the city of New York, on Practical Dietetics, the author discusses the properties of Diastase in a very complete manner. He says that Maltine is made from barley, wheat and oats, and is especially rich in diastase.

AN ADMIRABLE TONIC. The London Lancet, in speaking of Fellows' Compound Syrup of Hypophosphites says: "It is an admirable tonic for the nervous system and digestive organs, and is highly recommended by eminent physicians in all parts of the world for the treatment of bronchial and pulmonary diseases."

ALL THAT IS CLAIMED. Dr. G. H. Chappell of Grand Rapids, Mich., says that "Peacock's Bromides will do all that is claimed for it and it is much more active and certain than the commercial salts."

WELL RETAINED. Dr. F. R. Lowenstein of Jersey City, says he was treating a lady for gastric catarrh, "and she could not retain anything on her stomach until I began the use of Just's Food. She retained this food well and soon showed signs of improvement." Dr. L. C. Crowell of Syracuse, New York, reports a similar experience.

MALARIAL CACHEXIA. In speaking of the treatment of malarial cachexia, Dr. T. D. Crothers, editor of The Quarterly Journal of Inebriety, writes as follows: In the headaches and neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, an especially valuable combination is the Antikamnia and Quinine tablet, each five grain tablet consisting of equal parts of these two drugs.

TREATMENT OF RHEUMATISM. In the August number of the New England Medical Monthly, the editor Dr. W. C. Wile, reports a number of cases of muscular rheumatism treated with Tongaline. The cases illustrate the different types of rheumatism, as well as the value of Tongaline in all the different forms of the disease. Dr. Wile has a record of eighteen cases of rheumatism treated with Tongaline, all of which were successful except one which was complicated with gout.

PERMANENT AND RELIABLE. A letter from Dr. Policarpo Diaz of Guanajuato, Mexico, to Scott & Bowne says that in May, 1889, he purchased twenty bottles of Scott's Emulsion. At that time he was suffering from a terrible attack of tuberculosis. He says he does not now have the slightest symptom of that disease and is in the best of health. He adds that, at the time of writing, April, 1895, he has one of these twenty bottles on hand, and, "although enough time has certainly elapsed for the emulsion to separate, yet it is in perfect and unchanged condition."

BOOK REVIEWS.

AN AMERICAN TEXT-BOOK ON OBSTETRICS. Edited by Richard C. Norris, M. D. and Robert L. Dickenson, M. D.; with thirteen contributors, each being a professor of obstetrics in some American College. Nine hundred colored and half-toned illustrations. Pp. 1,000. Price, $7.00 in cloth; $8.00 in sheep; $9.00 in half Russian. For sale by subscription only. Philadelphia: W. B. Saunders, 925 Walnut Street.

This is a most exhaustive work on the science and art of obstetrics. The author informs us that an entirely new text-book containing the writings of more than one individual has not appeared during the last decade. The authors have been selected as representing the most prominent teachers of American obstetrics. While all the subjects usually discussed in a volume on obstetrics are here considered, yet especial attention is given to those subjects which are generally so little understood by medical students. Therefore we find that obstetrical emergencies, and the various manipulations required in obstetric surgery are described in great detail. We also notice that the diseases of the fetus and of the new-born are discussed more fully than is usual in obstetrical works. Especial mention is made of the painstaking courtesy of Dr. D. S. Lamb of this city, in allowing some of the finest pathological specimens in the Army Medical Museum photographed especially for this work. Too much cannot be said of the illustrations. We believe they are the finest which have ever appeared in a medical work. It might be truthfully said that this great department of medicine has been entirely re-illustrated. A large number of the plates are rendered especially valuable by being printed in many colors, while scattered through the work are numerous colored illustrations. Nearly all the illustrations are original and represent the very highest art. Doubtless all our readers will have an opportunity to examine this work when called upon for their subscription. As a specimen of

what high artistic skill can accomplish, to say nothing of the subject matter, we suggest that they carefully examine the work.

PREGNANCY, LABOR AND THE PUERPERAL STATE. By Edgar H. Grandin, M. D., Consulting Surgeon to the New York Maternity Hospital; and George W. Jarman, M. D., Obstetric Surgeon to the New York Maternity Hospital. Illustrated with forty-one original full-page Photographic Plates from Nature. Royal Octavo, pages viii, 261. Cloth, $2.50 net. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry Street.

This work is also a new departure from the old literature. We have here a guide to the actual practice of obstetrics. The aim of the modern teacher is something more than to fill his students with theory alone. By practice only can he be taught how to care for a woman in labor. Here is clinical teaching, made strikingly clear by a number of photographic reproductions. These are entirely new and add greatly to the value of the work. Bedside instruction, especially in this important branch, is what the student demands, and without which he is unfitted to enter upon his work. The volume before us is a concise record of the things necessary to know in order to properly understand Pregnancy, Labor and the Puerperal State.

DUNGLISON'S MEDICAL DICTIONARY, APPENDIX. We are in receipt of an Appendix to our Dunglison dictionary, thus showing an endeavor on the part of Lea Brothers & Co. to keep this standard work modern in every particular. The twenty-first edition of this dictionary was reviewed some time since and stands unique in that it has been before the profession for over sixty years. Only two years ago over 40,000 words were added, and now the appearance of this appendix shows what progress is being made in every direction.

PHYSICIANS' VISITING LIST FOR 1896. For forty-five years Lindsay and Blakiston have presented their visiting list to the profession. The edition for 1896 contains many improvements which are the result of suggestions received from many physicians who have used the book for a long time. It is one of the "old reliable" yet up-to-date lists with which large numbers of physicians are already familiar. All the physician needs now in order to make him happy is enough good patients to fill each page.

THE MEDICAL NEWS VISITING LIST again makes its appearance. This handbook for 1896 has been thoroughly revised and brought up to date in every respect. There are 160 pages of classified blanks, arranged to hold records of all kinds of professional work. The style is in that of a wallet-shaped book with pocket, pencil and rubber. It is covered with seal grain letter and is sold for $1.25. It certainly seems that every need of the physician has been anticipated in this valuable pocket companion.

AN AMERICAN YEAR-BOOK OF MEDICINE. We are pleased to note that Mr. Saundere of Philadelphia will have ready for delivery by January first An American Year-Book of Medicine. The work will be edited by Dr. Geo. M. Gould of that city, which is sufficient evidence that it will be of the highest standard. The work promises to be replete with the most valuable material.

THE POPULAR SCIENCE MONTHLY. This interesting Journal for November contains a number of articles of interest to physicians. One article by Dr. A. L. Benedict cannot fail but to attract considerable notice. Dr. Benedict discusses the whole subject of the contagiousness of consumption and declares that it is a disease far more to be dreaded than leprosy. The author says that we are all born with one chance in five of dying of some form of tuberculosis.

The bloomer garb is all right, but what shall we say when she comes sailing down the avenue with her bloomers well creased?

Dead Chinamen are shipped home as freight. But ships will not carry dead bodies for any less than living ones. Therefore the freight is labeled "fish bones".

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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Once More We Breathe.

Once more we are alone, and can begin to recover from the great shock we have received by another visit to our insignificant shores, of one of the Great from across the water. Dr. Forbes Winslow came to us to tell a jury of the Hannigan murder trial what he knew about insanity. The testimony which this expert gave was very interesting, but his cross-examination was far more so. He was asked if he was the distinguished alienist, Forbes Winslow. He replied he was not his father. When asked what was his name, he replied Forbes Winslow. But further examination brought out the fact that he changed his true name to the name of his father, soon after the death of that distinguished person. He admitted he changed his name to the one given his brother, and also said he had a cousin of the same name. He also admitted that he was not a qualified physician, that is, he had never paid a fee which was necessary in order for him to be called one. When he was closely questioned concerning the number of insane asylums with which he was ever connected, he was obliged to admit there were but two, and his father owned them both. The result of the cross-examination was almost laughable. When Dr. Winslow first touched our shores we felt greatly honored to think we could be favored with such a call. But now we have the memory that our famous visitor took the name of his father, although he had a brother of the same name, evidently for no other purpose than to give people the idea he was the great and original Forbes Winslow. We know he was connected with two asylums, both owned by his father; and in addition, has never even qualified as a physician. America is a fairly good country after all. It is barely possible we may have one or two Forbes Winslows here, but we doubt it. We know we have a hundred alienists of far more learning than this son of his father, who are content to remain at home. There is no country in the world like our own.

Hypnotism and Crime.

Recent articles all point to the conclusion that crime can be committed by an unconscious and innocent party under the power of hypnotic suggestion. Some of the most eminent psychologists declare that persons could sign papers in the presence of witnesses and affirm that they did so of their own free will, and yet all the time be under the influence of a hypnotizer. This places an immense responsibility on every one who practices hypnotism. The difficulty here is that persons with criminal intent might commit a crime and then claim they were

under hypnotic influence. If they could prove that they had been hypnotized by some party at various times, the hypnotizer would be placed in a most unfavorable light before the community.

Medical Lore. A very interesting article appeared in a late number of the Johns Hopkins Bulletin, and also in the Alienist and Neurologist, on Medical Lore in the Older English Dramatists and Poets, exclusive of Shakespeare. The article is over thirty pages in length and exhibits an immense amount of research. It was read before the Johns Hospital Historical Club by Dr. Robert Fletcher of this city.

Resistive Power. This is the great force after all. Outside the school room the battle is to the physically strong. The city lad can not resist the terrific blows from the knuckles of the country boy. Inside the school room the battle belongs to the one who best recites his lesson. The poorly prepared writer cannot resist the terrific blows which the well trained editor can give with his caustic pen. If you win, you must have power to resist. We are now being taught that nature's defense against disease is the resisting power of the organism. Thus far, pure air, good food, cod liver oil and tonics, have done more to defend us against the attacks of the tubercle bacillus than all other treatments combined. A strong system is so well supplied with phagocytes that the invading bacilli are completely overpowered. The time to make this immunity is when the bacilli first gain entrance. If they once become settled in the lung tissue and have begun their work of destruction, we cannot expect much aid from the leucocytes. There never was a time when a stitch in time would so surely save the nine. If the people understood this better and knew that every body carried about with it a strong defense against disease, they would be more careful not to allow the system to remain long below par especially if there was a family history of phthisis. Nature defends us against disease. She has provided the body with agents which destroy the life of the bacilli. We have only to keep the blood rich in its natural elements in order to render ourselves immune. Let the lesson be enforced to the people that a tendency to tubercular affection is strongly hereditary and that this tendency is best overcome by not allowing the body long to remain below this normal standard for health.

Impure Milk and Infantile Mortality. Not long since we had occasion to ascertain the mortality of children under five years of age. After some difficulty we learned that it was about one-third, or 33.3 per cent. In many cities in our own country twenty-five per cent of the children perish before they are one year of age, not including still-births. We found one city in France which had a mortality of nearly fifty per cent for all infants born, during the first year. It is safe to state that taking the whole United States, at least one-third of all infants born, die before they reach their fifth year of age. In fact this is a very conservative estimate. Dr. Geo. M. Kober of this city has recently gathered some statistics which show clearly the relation that exists between an impure milk supply and infantile mortality. This at once brings up the whole question of artificial feeding of infants, a subject in which all physicians must continue to be interested. In the November number of Practical Medicine we gave proof for the statement that six times as many children who are fed on mother's milk, are well developed as are those artificially fed. Five times as many children die

during the first year, who are artificially fed. Artificial foods will always be in demand, and we must work to make them as perfect as possible; but we do not go to the foundation of the trouble until we exert our influences and skill in urging mothers to nurse their own children and also in advising them in doubtful cases, how this can be best accomplished; for "nearly every mother who can bear a child can also nurse it, if she wishes".

The President's Address At the meeting of the Medical Society of this city for December 14th, the President, Dr. S. C. Busey gave the Annual Address. The President called attention to the necessity of compelling physicians to report their cases of zymotic diseases to the Health Department. The need of even better legislation on the milk question was mentioned, although we were to be congratulated that we had any law on that subject. The greater part of the address was devoted to a history of the efforts of the profession to secure legislation for the control of medical practice in this city. The President announced that both the homeopathic and regular schools of medicine, through their societies, had at last agreed upon a bill and this was now before Congress with a fair prospect of its becoming a law. Attention was also called to the propriety of publishing all of the transactions of the Society in the form of an annual volume. At the close of the address, the President invited a full discussion, and a number of physicians gave hearty endorsement to what had been said. A committee was appointed to make an early report upon the best method of publishing the transactions of the society. There is no reason in the world why this should not be done, and every reason why it should be. The society is abundantly able in both a literary and financial sense to do this and it cannot begin the work any too soon. This publication, if agreed upon, will contain all the papers read before the Society and all the discussion upon the same, as edited by proper representatives. It will also contain the regular transactions of the Society. It will be a valuable volume of great local interest. This Journal sincerely hopes that every member of the Society will be ready to vote for the establishment of such a publication.

Altogether too Good. There is such a thing as being so very good that life is made quite uncomfortable to all those who have anything to do with the perfect creature. This is about the case with the Southern Journal of Homepathy. This Journal is so very, very good that we are obliged to place it on the shelf all by itself. In a late number, the editor urges his readers to carefully inspect all his advertisements. As the great inducement to do so he makes the following announcements: "Amick has never been admitted to our columns, nor Antikamnia". This combination suggests others, as for instance: Peffer and Ingalls of Kansas, hair and brains; Brice and Sherman of Ohio, railroads and intellect; Murphy and Evarts of New York, adipose and cerebral matter. That each of the first mentioned of these combinations, including the two A's, has some desirable qualities is probably true; and that the last mentioned are immensely superior to the first and possessed of strong desirable features is equally true. In health, the Infinitessimal Dose answers very well; but when in pain, give us Antikamnia. If we thought little pills would cure the sick, we would give them. But we know better. Knowing that Antikamnia relieves pain and reduces fever, we prescribe it; hence we advertise it.

Be Fair in Trade. We are not stating anything new when we remark that "Honesty is the best policy"; but certainly some do not think that "Fair play is the best policy". The methods of the Phillips' Chemical Co., in presenting their goods, as recently performed through a representative in this city, does not appear to us to be a fair way of conducting business. This agent has three photomicrographs of emulsions. One represents cow's milk; another, Phillips' emulsion; and another Scott's emulsion. The illustrations are of course greatly to the credit of the Phillips' emulsion. Now we are willing to make this challenge to the Phillips' people: We will procure a bottle each of their emulsion and of Scott's and will place a minute quantity from each bottle on a glass slide and will make negatives of each, magnified 450 or 500 diameters. We will have prints from these negatives made, and if Scott's emulsion does not show up far better we will give the Phillips' Chemical Company a full page ad. in this journal for one year; and we will illustrate the same with the negative prints. Again, if said prints show to the advantage of Scott's emulsion, then the Phillips' Chemical Company are to give us $100., in money, which we will donate to the Children's Hospital of this city. Are you ready?

We object particularly to the illustration of their "competitive emulsion" because it certainly appears to us that the large irregularly shaped mass in the figure is nothing more than an air space. Of course the Phillips' people do not say this is an oil globule, but to those who are not familiar with the microscope the idea is certainly conveyed that it is an immense globule. Our reasons for believing this to be an air space, instead of an oil globule, are (first) its irregular shape, (second) its heavily shaded outline, and (third) the soiled marks on the cover-glass, which show clearly in the illustration and which could hardly be the case were a highly refractive medium present just beneath. We submitted this illustration to a professional friend who declared at once, "it certainly looks like an air space". In the certificate which is published, Dr. Maurice N. Miller does not give the name of the preparation from which the negative was made, simply calling it a "prominent competing preparation"; but the agent has the illustrations duly labelled as noted above.

This article is written simply in the interest of fair play, no one being aware of it except its author. We repeat, we are anxious to give the Phillips Chemical Co., a full page illustrated ad. for a year; or to give $100. in money to the Children's Hospital of this city. Are you ready?

You Try It First. Anyone at all acquainted with the history of medicine knows with what difficulty some of our best remedies were at first introduced. These things seem very strange to some of us now, and yet they are being carried out to-day as much as ever. New remedies are presented to the profession, and these are accompanied with such statements that there can be no doubt of their value. But too often one physician waits for his neighbor to make the first trial. This is the case with a large number who absolutely refuse to have anything to do with a remedy unless they are perfectly familiar with all its methods of manufacture. Is not the profession too skeptical on the question of new remedies? Our business is to cure the sick in the easiest and quickest manner possible for the good of the patient. Are we justified in waiting until we are gray before we do our part in aiding the establishment of valuable additions to our materia medica? To be

sure, by waiting we can sometimes laugh at the failures of our enthusiastic neighbors; but we must certainly, sooner or later, have the regret that we did not early employ some new remedies which have proved so eminently successful. Then we can only satisfy ourselves by thinking how much good we might have done, a very poor comfort.

A New Consumption Cure. A New York paper publishes the announcement that Dr. Cyrus Edson of that city has discovered a cure for consumption. Dr. Edson is reported as saying that the cure is in no sense of the word a serum, but is entirely chemical. It is administered by hypodermic injections in the region of the abdomen. Some remarkable cures are already reported, and more are on the 'way. We are promised to have the full details of the composition of the remedy within a few days. Dr. Edson further says that this remedy is an almost instantaneous cure for yellow fever and malaria; that is, that the remedy has its full affect within an hour or two in these diseases. Constant surprises are given us by the electricians. Why should they be the only ones? While we should be cautious, yet let us not be too skeptical.

Medical Department, American University. Probably all our readers are aware of the efforts being made to establish a great University at the Capital City. While the American University will be unsectarian, yet its chief support is understood to come from the Methodist church. Within a few days ground is to be broken for some of the buildings and a large sum of money is already in the treasury. Recently a number of the physicians of Washington were called to meet Dr. C. B. Stemen of Fort Wayne, Ind., who has been selected to take charge of the formation of the Medical Department of the University. We are assured that this department will not open until it is well endowed and thoroughly equipped with every requirement necessary for the most advanced scientific research. While no definite line of action has been formulated, yet it is understood that laboratory work will constitute the prominent feature. From this it appears that Washington will soon have unusual medical opportunities. The medical student can take his choice of four Medical Colleges. Following this he can take a course of clinical instruction in the already established Post Graduate Medical School. He can then register with the American University and continue in its laboratories until he has discovered the last bacillus or until his life's work is completed.

Blood Money. The British Medical Journal clears over $25,000 a year, part of which comes from the advertisement of proprietary medicines. Here is something worthy of the attention of the Pittsburg Review. This Journal has succeeded so well in making all other medical journals refuse to carry advertisements of proprietary remedies, that it should now attack the British Lion. No doubt one editorial from the Review would bring the British Journal to its senses and make it quickly drop its "blood money".

Aroused a Lion. The editorial in the last number of the American Gynecological and Obstetrical Journal is quite a history in itself, giving many facts of two men, Drs. Price and Norris. We were greatly surprised in reading the first article by Dr. Norris; surprised that it was accepted by the editors of this great journal. Now the editor remarks that could he have foreseen the character of the controversy he would never have accepted Dr. Norris' first paper. Having allowed Dr. Norris to accuse Dr. Price of untruthful-

ness and lack of honor, it became necessary to allow the doctor an opportunity to reply. It appears from this editoria and certainly from the position taken by Dr. Norris, that neither one thought they were arousing quite such a lion. They knew Dr. Price to be a remarkable brilliant man, but they evidently did not think he could roar quite so furiously or tear things into shreds quite so completely.

New Medical Journals. We are glad to notice that some new journals are to appear this month. It has been so difficult for this journal to supply the great demands for medical literature that it will be a great relief to us to feel that we are to have aid. As panteth the hart after the water brooks so thousands of hungry doctors stand with outstretched arms eager to thrust their subscriptions into the publisher's hand. We have tried our best, but human nature is weak and the body is frail. We extend to these new journals our best wishes and our sincere sympathy. And we hereby solemnly promise them the same aid which the old practitioner generally extends to the new doctor upon his first arrival in town. It is to the effect that we will gladly give to our new friends all the business we cannot take care of ourselves!

Send Your Photo. The Record says that a paper in South Africa advertises for a sober, steady and handsome bachelor doctor, and asks all applicants to send their photographs. The editor adds that this will cause a flutter among the "younger" members of the profession. The truth of the matter is, that when a doctor thinks he is really handsome he has long passed his early year. It is not until then that he realizes, if he ever does, that he is truly a great and remarkable man. We will make two wagers to the effect that the editor of the South African paper is a woman, and a mighty poor one at that; and that of all the photos she will receive ninty-five per cent will be either heads without hair, or with hair dyed to the black.

Hypnotic Sleep. The Western Reserve Medical Journal says that a hypnotist recently put a boy to sleep, telling him not to awaken for seven days. At the end of the second day the boy awakened but was immediately put to sleep again by the hypnotist and remained so for seven days. He was, therefore, apparently asleep for seven days, and without food for nine days. Doctors and medical students were in charge of the experiment. The boy lost twenty pounds, thus showing that tissue change went on the same as in natural sleep. While such experiments may have something of the three-tent-circus-under-one-cover-with-one-price-of-admission interest, yet we cannot see how any profit is to result; while if the boy had died as an immediate or remote result of these experiments!

Please Don't. Some of our exchanges are again giving us articles on "Don't". This must be so comforting to the young practitioner and especially to the patient. If called to attend a case of colic, it will be so comforting to the patient to hear the doctor give directions to the attendant, as he has gleaned them from his medical journal. "Don't shave his head. Don't put blisters back of his ears. Don't prevent his sneezing. Don't put an ice bag over his lungs. Dsn't carry him down cellar. Don't stand and swear at him. If the pain continues and the patient assures you that he is going to die, simply say, Don't!"

HOSPITAL REPORT. NOV. 15 TO DEC. 15.

BY J. A. STOUTENBURGH, M. D.

COLUMBIA HOSPITAL.

SERVICE OF DR. J. W. BOVEE.

Anterior vaginal colpotomy with salpingo-oophorectomy for pyosalpinx and cystic ovaries.
Anterior vaginal colpotomy with salpingo-oophorectomy for pyosalpinx; and trachelorrhaphy, curettage and excision of hemorrhoids.
Curettage for endometritis.
Curettage, perineorrhaphy and excision of hemorrhoids.
Exploratory laparotomy for gastric ulcer.
Removal of sloughing intra-uterine fibroid per vaginam.
Salpingo-oophorectomy double for pyosalpinx; two cases.
Supra-vaginal hysterectomy for fibroma uteri.
Trachelorrhaphy, curettage and excision of hemorrhoids.
Vaginal hysterectomy for carcinoma uteri.

SERVICE OF DR. J. F. SCOTT.

Clitoridectomy for nymphomania.

SERVICE OF DR. I. S. STONE.

(Operations by Dr. J. Taber Johnson during illness of Dr. Stone.)

Curettage for endometritis; three cases.
Curettage and perineorrhaphy.
Cauterization for carcinoma uteri.
Nephrorrhaphy for floating kidney, (Dr. Stone).
Perineorrhaphy.
Perineorrhaphy and excision of hemorrhoids, (Dr. Stone).
Perineorrhaphy and trachelorrhaphy, (Dr. Stone).
Operation for rectal fisula.
Salpingo-oophorectomy double for pyosalpinx and periovaritis, (Drs. Stone and Johnson).
Salpingo-oophorectomy double for pyosalpinx and pelvic peritonitis.
Supra vaginal hysterectomy for fibroma uteri.
Vaginal hysterectomy for carcinoma uteri.
Vaginal hysterectomy for intra uterine polypi.
Ventro fixation and perineorrhaphy for retroversion and lac. perineum, two cases, (Dr. Stone one).
Ventro-fixation, trachelorrhaphy and perineorrhaphy for retroversion, lacerated cervix and perineum and rectocele, (Drs. Stone and Johnson).

EMERGENCY HOSPITAL.

SERVICE OF DR. JAS. KERR.

Amputation of fingers; three cases.
Amputation of thigh at the lower third.
Compound fracture of phalanges reduced and sutured; nine cases.
Extensor tendon of thumb sutured.
Excision of sac for hydrocele.
Foreign body removed from carpus.
Herniotomy, Bizini's modified, for strangulated hernia.
Operation for compound depressed fracture of nose.
Osteotomy of humerus for gunshot deformity.
Osteotomy of radius for deformity following Colle's fracture.
Supra pubic puncture of bladder for retention, two cases.
Thiersch's skin-grafting.
Transfusion for internal hemorrhage.
Trephining for depressed fracture of the skull.
Phlegmons treated by Otis' method, eight cases.
Wounds sutured, ninety cases.
Removal of sclerosed tissue from cerebral cortex for traumatic epilepsy.

SERVICE OF DR. S. M. BURNETT.

Extraction of cataract, two cases.
Tenotomy of recti tendons, three cases.

PROVIDENCE HOSPITAL.

SERVICE OF DR. J. W BOVEE.

Anterior vaginal colpotomy and removal of appendages, for adherent cystic ovaries, and multiple fibromata.
Anterior vaginal colpotomy with removal of appendages for insanity.
Pan hysterectomy for multiple fibromata.

Salpingo-oophorectomy double, for pyosalpinx and ovarian abscesses.

GARFIELD HOSPITAL.

SERVICE OF DR. J. FORD THOMPSON.

Modified Whitehead's operation for hemorrhoids.
Smith's clamp operation for hemorrhoids.
Curettage frontal bone for periostitis.
Excision of lower lip and enucleation of cervical glands for epithelioma.
Excision of tubercular knee joint.
Tendon suture for lacerated wound of wrist.
Paracentisis abdominis for ascites.
Incision and curettage of sinus of thigh.
Excision of molluscum fibrosum from lower lip and temporal region.
Excision of molluscum fibrosum of forehead and outside of neck.
Drainage of pyosalpinx per vaginam.
Operation for radicle cure of complete inguinal hernia.
Excision cystic tumor of breast.
Thiersch's skin-grafting and flap operation for ulcer of leg.
Curettage and packing for psoas abscess.

SERVICE OF DR. A. A. SNYDER.

Curettage of tibia for osteitis and priosteitis.
Amputation of penis for epithelioma.
Unilateral orchidectomy for abscess of the testicle.
Excision of infected inguinal glands.

SERVICE OF DR. A. L. STAVELEY.

Double salpingo-oophorectomy ovarian cysts.

CHILDREN'S HOSPITAL.

SERVICE OF DR. S. M. BURNETT.

Tenotomy for internal strabismus.

Dr. D. H. Williams of Freedman's Hospital, will hold his first clinic for '96, January 5th, at 2:30 p. m.

DR. JOHNSON'S SANATORIUM.

The following operations were performed by Dr. Jos. Taber Johnson in his private sanatorium, between Sept. 15th and Dec. 15th:

Amputation of cervix and curettage of uterus.
Curettage for endometritis; five cases.
Curettage following abortion; two cases.
Curettage for hemorrhages; two cases.
Dilatation of rectum for ulceration and fissure.
Breast amputation; two cases.
Dilatation of cervix for dysmenorrhœa and endometritis; ten cases.
Perineorrhaphy; two cases.
Trachelorrhaphy; three cases.
Hysterectomy for large fibroid tumors; two cases.
Ovariotomy; four cases.
Removol of cyst of a broad ligament.
Removal of hemorrhoids.
Removal of vaginal cyst.
Exploratory incision for a large abdominal tumor which proved to be cancerous—nothing done.
Ventral fixation of uterus.
Nephorrhaphy.

COLLEGE NOTES.

NATIONAL UNIVERSITY.

MEDICAL DEPARTMENT.

The class of '96 wishes the editor of the REVIEW a happy and prosperous new year.

We expect those students who left for home during Christmas recess to return feeling greatly benefited from their trip.

Prof. Thomas Wilson has been delivering a series of lectures on prehistoric medicine and surgery, which were highly interesting.

Messrs. Geo. M. Godfrey and Chas. E. Ferguson of the senior class are serving as resident students at the Washington Asylum and Sibley Memorial Hospital respectively.

The students of the senior and junior classes wear broad smiles when a quiz is announced. The professors should see to it that these pleasant looks are worn oftener during the term.

Members of both classes regret that Prof. J. Wesley Bovee has completed his course of lectures on Gynecology, his

"chalk talks" are instructive and practical. We also owe him thanks for his invitations to witness operations at Columbia Hospital.

The boys have no wail this session—something strange for a medicine class. The professor's have been regular in attendance and punctual. The dissecting room has not been crowded with cadavers yet, but we hope to see things different after the holidays, there is usually more indiscretion during this period of rejoicing on the part of the natives.

For the convulsions of measles Prof. Winter recommends the following:

R Pot. bromide dr. 1
Spt etheris nitrosi dr. 2
Syr simplicis oz. 1½
M Sig. Teaspoonful in water every three hours, if necessary.

D. E. Wiber, D. D. S.

GEORGETOWN UNIVERSITY.

MEDICAL DEPARTMENT.

The holiday vacation commenced Saturday, Dec. 21st, and closes Jan. 3rd. This gives the boys one day grace to brace up after the first.

We consider ourselves extremely fortunate in being able to have had Dr. Ernest Laplace of the Medico Chirurgical College, Phil., Pa., give us a series of four lectures on Brain Surgery. The doctor handled the subject in an eloquent and masterly manner. Among the interested and appreciative hearers were many eminent physicians and surgeons of the city.

Mercurial solutions for use in the tissues is deprecated as a germ killing agent by Dr. Farwood, U. S. A., who is delivering an interesting and instructive course on Surgical Pathology. He says, a solution strong enough to be of any use would irritate the tissues to such an extent as to set up inflammation and weaker solutions only combine with the albumen of the part and that surrounding the germs to form what is known as albuminate of mercury.

Monday, Dec. 16th, was a gala day for old Georgetown, lectures ceased and clinics were dispensed with, the time being occupied by the boys discussing the merits of and booming their respective candidates, for on this date the annual meeting of the Association was held for the purpose of electing officers for the ensuing year. The meeting was called to order at 7:30 p. m. with every student present and the S. R. O. sign tacked out side. An air of importance prevaded the hall and that double dyed seven calibre look "we'll do or die" was on every face. Ballot after ballot in true Reedism style resulted as follows: Pres., R. A. Edmonston; Vice Pres., J. S. Wall; Treas., J. A. Clark, Jr.; Sec., J. F. Hemp; Cor. Sec., H. C. Reisinger; Lib , E. M. Powers.

Dr. Jos. Taber Johnson, our professor of Gynæcology, in his lectures on Abdominal Surgery, dwelt in a forceable manner upon the importance of asepsis, particular stress being laid upon the condition of the physician, assistants, nurses and the operating room and we were admonished not to break any of the links in this "ideal condition" after once being prepared for an operation; such as shaking hands with distinguished visitors, rearranging eye-glasses or coming in contact with anything that is not sterilized. These breaches are witnessed time and time again by students who are liable to inculcate the wrong conception of the Listerian method. The doctor gives some very simple definitions for words that are so often misunderstood and oftener incorrectly used.

Sepsis—condition of infection from absorption of one or more septic organisms.

Asepsis—a condition free from septic germs and the ideal condition every modern surgeon desires.

Antisepsis—The means by which germs are gotten rid of.

J. Milton Heller.

Why is it that so many public speakers talk about the rights of free speech when they are receiving $5,000 a year for talking?

PROCEEDINGS OF MEDICAL SOCIETY OF D. C.

Continued Discussion on Early Mechanical Treatment in Anterior Poliomyelitis.

discussion by dr. t. clark.

Dr. Clark said that if we study well the anatomy of the spinal cord, we would find that the cells of the anterior column were not all in one group, for there were several groups. Each group had a blood supply of its own, from the anterior and lateral spinal arteries. It was possible for one of these arteries to be affected, causing only one group of cells to suffer. By electricity it was possible to develop muscular fibres nourished by the remaining cells, so that there would be an apparent recovery of the patient. When electricity is used it should be early in the disease. No doubt a great deal of destruction was possible from collateral congestion. If the proper support was applied to the weakened muscles it placed them in a better condition, relieving them of the too great load under which they could not react. He believed that the use of electricity should be kept up after the application of mechanical support.

discussion by dr. s. c. busey.

Dr. Busey said he was surprised to hear that every case of infantile paralysis went on to deformity and none recovered. He thought any man who had had very much experience would be able to recall a number of cases where there was no deformity. He thought that if he took the trouble he could point out a number of young ladies in this city who had suffered from infantile paralysis but who showed no evidence of it now. He simply desired to say that there were cases of recovery without apparatus or electricity, when the cases were seen early.

Puerperal Septicemia and Antisepsis.

At the meeting of the Medical Society for October 16, Dr. A. B. Storch read a paper on the above subject.

discussion by dr. t. c. smith.

Dr. Smith said that some years ago this subject was before the Society when Dr. Elzey said that any one who used antiseptics was liable to be prosecuted for malpractice. Dr. Fry said that any person who failed to use them should be prosecuted; "and thus," said Dr. Smith, "we were between the devil and the deep sea.' Dr. King then said that if we could not destroy all the germs we could at least wash away a few millions of them. Dr. Smith said that this remark of Dr. King's had been his guide ever since. In a recent discussion in regard to the use of antiseptics in obstetrical practice, Dr. Smith said one gentleman made the statement that the vaginal secretions were sufficiently antiseptic to render it unnecessary. And yet he knew a case of gonorrhœal ophthalmia in which the child lost its sight; yet if an antiseptic vaginal injection had been used, the eye-sight would not have been lost.

discussion by dr. c. g. stone.

Dr. Stone said that he had never used these vaginal injections and never expected to. All that was necessary to use externally was plenty of hot water. That was a sufficient disinfectant. He had never lost a case of septicæmia, except one infected by the nurse by erysipelas. It was an instrumental delivery and there was considerable laceration. He left the patient doing well on the third day, and going back on the fourth day he found the parts all inflamed and the patient with a raging fever. Later the nurse admitted she had been attending a case of phlegmonous erysipelas. He had found the best remedy for these cases to be the direct application of pure carbolic acid to the interior of the uterus. In some instances he also packed the vagina with iodoform gauze, the temperature soon dropping to the normal. The trouble with vaginal injections is that the nurse would infect the patient, although she might be an intelligent nurse. If necessary to give a douche, Dr. Stone made the patient get up, as he did not believe they were so likely to have a hemorrhage or septicæmia as they would if the injection were taken lying on the back. When indications of a septic condition are present he used the specu-

lum and wiped out the inside of the uterus with carbolic acid. He was opposed to the routine injection of antiseptics. The doctor should keep himself sufficiently antiseptic, and there would be no danger.

DISCUSSION BY DR. A. F. A. KING.

Dr. King said it would be some time before medical men would be able to determine the relative value of cleanliness and antiseptics. It is certain that the dreadful endemics of puerperal fever in lying-in hospitals are being blotted out, but he did not know whether it was due to simple cleanliness or antiseptics. There is much yet to be learned about the eccentric behavior of septic poison. Some years ago erysipelas prevailed in Providence Hospital. Dr. King had there a pregnant woman, suffering from dropsy. Tapping became necessary, and on the next day the woman had a premature labor. No antiseptics were used and yet there were no ill effects from the prevailing erysipelas poison. Cases are recorded where infants who are born with the smallpox while the mothers did not have it. In a case of twins, one child had the smallpox, while neither the mother nor the other child had it. While it was difficult to determine the relative results attained by cleanliness and antisepsis, yet both together had abolished puerperal fever in maternity hospitals.

DISCUSSION BY DR. S. M. BURNETT.

Dr. Burnett said that before the adoption of Crede's method of preventing gonorrhœal ophthalmia, that disease occurred in five per cent of the children delivered in his (Crede's) hospital. Since the adoption of his method, there has never been known a case of this disease, except when the method had been imperfectly carried out. The proper treatment in these cases is to thoroughly clean the vagina, and then after the birth of the child drop a couple of drops of a two per cent solution of silver nitrate on the conjunctiva. Dr. Burnett said he did not believe a septic vagina could be rendered aseptic with douches.

DISCUSSION BY DR. T. E. MCARDLE.

Dr. McArdle said he thought antiseptics should be used in a septic vagina. It should be the duty of the physician to render the delivery of his patient as aseptic as possible. He thought septic infection was prevented more by the gospel of cleanliness than by chemical antiseptics. If the physician was cleanly and endeavored to make his patient as aseptic as possible, then antiseptics were of little value. Surgery was trying to do away with antiseptics and the same thing applied to midwifery. In the future, asepsis would replace antisepsis.

DISCUSSION BY DR. H. L. E. JOHNSON.

Dr. Johnson said that he thought a great deal of the discussion arose from a lack of familiarity with the principles of antisepsis. Some gentlemen referred to rendering the vagina aseptic by chemicals, and other gentlemen advocated rendering aseptic by washing. Antisepsis was classed under three heads: the first, washing; the second, thermic; and the third, chemical means. One gentleman made the statement that he did not use antiseptics, but that he used hot water. Certainly hot water and washing were the first of the measures to secure asepsis.

DISCUSSION BY DR. R. REYBURN.

Dr. Reyburn said that under natural condition the vagina was not only perpectly sterile, but it possessed germacidal properties. He said it had been his practice never to use injections. He believed that the majority of cases of puerperal fever were infected by the nurses. The practice of washing out the vagina was not only useless but positively harmful. The reason why we were having such an improvement in our surgical and obstetrical cases was due, not to the use of chemicals but because we were more cleanly.

CYCLING, A CAUSE OF PROSTATIC DISEASE.

At the meeting of the Medical Society for October 23, Dr. T. A. McLaughlin read a paper on the above subject.

Dr. McLaughlin admitted the many benefits to be derived from this excellent means of exercise, which develops the muscles, increases the breathing capacity, and strengthens the heart. But it is attended with certain dangers, which, on account of an improper position assumed

by the rider, a bad-fitting and too rigid a saddle, to say nothing of a relaxed physical condition to begin with, produces certain changes in the organs which may ultimately cause serious results. Dr. McLaughlin reported three cases of prostatic disease which pointed absolutely to the pressure of the saddle as being the direct exciting cause of the trouble. He thought the saddle should be constructed differently from the one in vogue, so as to take all pressure off the perineum. The patient should be directed to assume the erect position, which is healthful and graceful, and to avoid the other because it is dangerous.

DISCUSSION BY DR. G. N. ACKER.

Dr. Acker said he thought this a most interesting subject. He was not personally familiar with a single instance where the bicycle had caused the trouble to which the speaker referred, although he had many patients among bicycling clubs.

DISCUSSION BY DR. JAS. KERR.

Dr. Kerr said he had not noticed any cases of prostatic disease as the result of bicycle exercise. From an anatomical standpoint it was difficult to see how it could occur. He had never ridden a bicycle, but he knew horse-back riding, which was equally severe did not cause any prostatic inflammation. It did, however, aggravate old urethral troubles.

DISCUSSION BY DR. E. M. SCHÆFFER.

Dr. Schæffer said he understood that in the cavalry service of the army where the men ride a great deal there was much trouble from prostatic enlargement. He early predicted a terrible harvest from diseases of this kind, but he was surprised now to find how rare they were.

GENERAL DISCUSSION.

Dr. Mayfield said he could not understand how a cavalry saddle could injure the prostate when it was provided with an opening in the centre which would prevent pressure on the gland.

Dr. William Ward said he had never served in the cavalry but was connected with the horse artillery during the war and he had never heard of any trouble of this kind.

Dr. Alden said he had quite a lengthy experience in the army, and a good deal of the time was with the cavalry. He was certain he had never seen a case of prostatic disease due to riding.

Dr. Deeble said he had seen eleven years service with the cavalry, but had never had a case of this disease during that time caused by riding.

Dr. H. L. E. Johnson said that on the general subject of bicycle riding he had seen several cases of urethral trouble in the female from ill-fitting saddles. When we consider the large number of riders, there is certainly a small per cent of these cases.

CLOSING DISCUSSION BY DR. MCLAUGHLIN.

In closing the discussion Dr. McLaughlin said his cases were no doubt the result of ill fitting saddles and excessive riding. It was certainly true some resulted from the excessive exertion of climbing hills, when the weight of the body was thrown forward on the front of the saddle.

DID JENNER DISCOVER VACCINATION?

At the meeting of the Medical Society for October 23, Dr. Edwin L. Morgan read a paper on the above subject. Dr. Morgan gave many facts to show that vaccination was employed long before the time of Jenner. Owing to the lateness of the hour when the paper was finished, there was no discussion.

LARYNGEAL TUBERCULOSIS.

At the meeting of the Medical Society of this city for October 30th, Dr. John Metzerrott read a paper entitled One Hundred Cases of Laryngeal Tuberculosis treated with and without operation.

Dr. Metzerrott said he censured Hajek of Vienna for reporting a case of lupus of the larynx as one of ordinary tuberculosis which had been cured by operative interference. The doctor took the stand that while lupus might be a form of tuberculosis it was a distinct type which if not differing greatly microscopically from the ordinary form of phthisis usually encountered in the larynx differed at least clinically; that the one affection was wont to run a comparative acute course while the other manifested a tendency to extend over decades of years; that the destruction through ulceration

in the ordinary form of laryngeal phthisis was rapid while in the other it was slow and that doctor Hajek did decidedly wrong in reporting this case as cured without endeavoring to ascertain the further course of the disease.

Dr. Metzerott stated that he had removed the one ventricular band of this particular patient, that there was an apparent temporary improvement but that later an epithelioma had developed upon some lupoid tissue which had not been removed and that according to the last reports patient was about to undergo an operation at the surgical clinic of Prof. Gussenbauer. Of one hundred cases operated upon by himself by the intralaryngeal method in which there was positively no doubt about the diagnosis there was not one in whom there was more than a temporary improvement; that the anti-septic treatment by means of laryngeal injections of menthol was the most satisfactory and that in at least one individual who was placed under the most favorable hygienic influence he believed that the favorable course which the affection had taken was partly due to the use of the menthol. More than two hundred post-mortems had satisfied him beyond any possible doubt that in far the greater number of cases of laryngeal tuberculosis the affection was most pronounced beneath the glottis where it was more or less invisible and incapable of being reached by any instrument yet devised; that tuberculosis of the larynx as a rule was secondary to that of the lungs and usually made its appearance when the pulmonary affection was far advanced; that primary tuberculosis of the larynx was an extremely rare affection and that there were noted pathologists who during their entire career had not seen a single case. The doctor reviewed the principal symptoms which he had encountered; spoke of a rare sub-glottic serious form of the disease, a peculiar brick-red color of the chords which he had beheld in no other affection and never before heard of and in a measure endorsed the treatment of laryngeal tuberculosis by means of tracheotomies the results of which had been quite favorable in three patients upon whom he himself had operated and in others in whom the operation had been performed to relieve dyspnea.

In concluding he mentioned three cases of laryngeal phthisis which had been cured in the deserts of California and Arizona under his own eyes and intimated that if anything was to be accomplished by means of endo-laryngeal operations the cases would be limited in number and would be confined to those cases in whom the processes was superglottic and whose conditions were such that they could be placed under the most favorable attainable hygienic surroundings.

Exercise, pure air, during both day and night (long protracted wagon journeys) and especially nutritious food had cured the doctor himself of a pulmonary affection; that a treatment of this kind was employed with excellent results at the sanataria of Europe and no doubt would be of benefit in phthisis laryngis.

DISCUSSION BY DR. J. H. BRYAN.

Dr. Bryan said this was a most interesting report of cases. He thought Dr. Metzerott seemed a little sceptical as to the primary origin of tuberculosis in the larynx. It was undoubtedly rare but that it did occur was admitted by all. Dr. Bryan said he had observed the peculiar color to which the author referred, and reported a case to illustrate this fact. Syphilis was frequently mistaken for tuberculosis. The only way to decide was by the use of iodide of potassium. Operations were not applicable to all forms of the disease but certainly in the primary variety it was the most logical treatment. While the result in some cases is good with the antiseptic treatment, in the majority of cases it is poor. Some cases heal without any local applications; but the majority of cases go from bad to worse, particularly when tuberculosis of the lungs was present. If what the advocates of the surgical treatment claimed was correct, certainly everyone should do all in their power to increase their knowledge of these operations. Dr. Bryan demonstrated, by means of drawings on the blackboard his ideas concerning operations in these cases.

DISCUSSION BY DR. C. W. RICHARDSON.

Dr. Richardson said that he had had

practically no experience in the treatment of this disease by surgical means. He thought the results obtained were very good, even if it only relieved the patient from pain. It was a question whether this treatment was applicable to all cases and to all stages of the disease. One of the main indications is to relieve pain. In his practice lactic acid had given good results. He thought the serum treatment promised much for this affection. He had seen one case in this city thus treated with good results. He looked forward to some excellent results from the serum treatment of this disease. Dr. Richardson reported the history of a case which clearly showed the benefits of this serum treatment.

DISCUSSION BY DR. T. MORRIS MURRAY.

Dr. Murray said he had reported six or seven cases in which the laryngeal ulcerations had been healed. He thought that the ulcers in these cases, whenever they could be reached, should be treated the same as if they were in other parts of the body. Everything depended upon the complete removal of the source of trouble. When the source of trouble could be controlled, and when the surfaces were touched with lactic acid, good results could be obtained. His own experience had been such that he still wanted to be an enthusiast. Dr. Murray then gave the history of a case, showing the possibility of a perfect cure.

DISCUSSION BY DR. I. BERMANN.

Dr. Bermann said that when he had a case of this kind and had made his diagnosis, he sent the patient away. The best advice a doctor can give these cases was to send the patient away. He gave the history of some cases to illustrate the good results following a residence in Colorado or California. The only medication was the carbonate of Guaiacol in one-half to one gram doses, four to ten times daily. This and the pure mountain air are sufficient to restore advanced cases of phthisis to good health without having to resort to local applications and operations in the larynx.

DISCUSSION BY DR. J. DUDLEY MORGAN.

Dr. Morgan reminded Dr. Metzerrott that the palor of the larynx alluded to, was spoken of by McKenzie. Dr. Metzerrott spoke of a case cured after one year, but he did not say how long the patient lived. Dr. Morgan then read the indications given by Herring for curetting and the contra-indications therefor.

MEETINGS OF THE MEDICAL SOCIETY.

At the meeting of the Medical Society of this city for October 30th, Dr. Swan M. Burnett presented a patient and gave the history of a case of Extraction of Cataract in the Capsule. The case was discussed by Drs. Behrend and Belt.

Dr. J. W. Chappell gave the history of a case on Appendicitis, and exhibited the removed parts.

Dr. J. D. Bradfield presented a specimen of a small Fœtus.

Dr. F. P. Morgan presented a specimen of Anhalonieum Lewenii.

At the meeting of the society for November 6th, Dr. I. Bermann presented an instrument for loosening attachments of the Membrana Tympani.

At the meeting of the society for November 20th, Dr. G. N. Acker presented the following specimens with the histories: Endocarditis in an Infant; Hypertrophy of the Heart.

Dr. H. W. Beatty presented a case of Dermatitis Exfoliativa.

At the meeting of the society for November 27th, Dr. J. W. Bovee presented specimens of two cases of Hysterectomy for Fibroids.

Dr. I. S. Stone gave the history of a case of Appendicitis, and exhibited specimen. The case was discussed by Dr. J. Taber Johnson.

At this meeting a committee of three were appointed to draft resolutions on the death of Dr. Ephriam C. Merriam. The committee consisted of Drs. Kleinschmidt, Magruder and Smith. The following report was adopted:

Whereas, the Society has heard, with deep regret, of the death of Dr. Ephriam C. Merriam, one of its oldest members,

Resolved, That we extend to his bereaved family our sincere sympathy in the loss of husband and father.

Resolved, That this action of the Society be communicated to the family of our deceased brother.

Consanguineous Marriage as a Factor in the Cause of Disease.

At the meeting of the Medical Society for November 6th, Dr. E. Oliver Belt read a paper on the above subject. This paper appears in full in Practical Medicine for January.

The paper was discussed by a number of members, but only the remarks of the following are in our possession, from which to make abstracts.

DISCUSSION BY DR. C. H. A. KLEINSCHMIDT.

Dr. Kleinschmidt said this question was of great practical interest. First it was necessary to separate the effects of consanguinity proper, from the well-known results of hereditary transmission of certain taints, predispositions or defects; while at the same time it was important to consider the way such transmission was supposed to be brought about. The real question at issue is whether two germ cells, derived from persons closely related, but without any hereditary or acquired taint, were able to produce defects in the offspring and whether therefore consanguineous marriages were factors in diseases? In regard to this, it would appear from numerous observations, that the best results of reproduction are obtained from union of sexual cells possessing certain, although slight dissimilarity; that is, from cells deriving their origin from males and females not closely related. If the relationship be too close, or if it be too distant, or, what is the same thing, if the two cells show too great a similarity or too great a difference in constitution or organization, then their product is apt to become deterioiated; if indeed there be not absolute failure of reproduction. Dr. Kleinschmidt said he believed that experience clearly pointed to the evils that might result, and frequently did from consanguineous marriages.

To be continued.

THERAPEUTIC NOTES.

Cactina Pillets. For several years past Dr. A. H. Ohmann-Dumesnil of St. Louis, says he has used Cactina Pellets in cases where they were indicated with the most satisfactory results.

Permanent and Reliable. Scott & Bowne are in receipt of a letter from a physician who was cured of tuberculosis some years ago by taking Scott's Emulsion. He says he has kept this emulsion for six years in a perfect and unchanged condition.

Nervous Exhaustion. In a recent work by Dr. J. L. Corning on "Brain Rest" the author says that Vin Mariani is undoubtedly the most potent remedy for good in the treatment of exhausted and irritated conditions of the central nervous system.

Renal Lithiasis. In the treatment of renal lithiasis recent reports show the success of Piperazine. It not only prevents new deposits but also dissolves concretions in the joints and kidneys. The dose is from 1.0 to 1.5 Gm. daily given in abundance of water.

Chionia. Dr. S. D. Weston of Des Moines, Iowa, says that a lady patient received more help from Peacock's Chionia than she had received from all other medicines she had taken in five or six years. The doctor says he cannot speak in too high terms of it.

Diarrhœa in Childhood. A new derivative of tannic acid, called Tannigen, is now used for diarrhœa in childhood. The alimentary cenal is first cleared of any irritating material, the diet is regulated, and this new astringent administered in doses of 0.20 to 0.50 Gm. four times a day.

Has Displaced Opium. Dr. Thomas H. Stucky of Louisville, Ky., says that Antikamnia has almost entirely displaced Opium, its derivatives and compounds. It positively relieves pain without depressing the heart's action. "It has proven a godsend to the people as well as to the profession".

A New Styptic. Dr. Roswell Park of Buffalo, writes that the most ideal styptic which he has ever dreamed of consists of a solution of antipyrine and tannic acid. It is especially useful for hemorrhage from the nasal cavity or from divided bone. The mixture is a

sticky and adhesive one which has great styptic properties.

Ivy Poisoning. Dr. E. C. Adams of Watertown, S. D., says that Iodia cured a patient of his who had suffered with boils for three years as a result of ivy poison. He prescribes Bromidia with confidence in nervous affections. What he especially endorses is the method of Battle & Co., in sending out specimens large enough to make a good trial.

BOOK REVIEWS.

MATERIA MEDICA AND THERAPEUTICS. A Practical Treatise with especial reference to the Clinical Application of Drugs. By John V. Shoemaker, A. M., M. D., LL. D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia. Third edition, thoroughly revised. Royal octavo, pages 1108. Extra cloth, $5.00 net; sheep, $5.75 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

The third edition of this work is in one volume, while heretofore it has always been published in two volumes. A number of new remedies have been added to the list and are here fully described. The treatment by animal extracts, secretions or juices and antitoxine, is written up to the present state of our knowledge of these agents. The whole book has been reset with new type and is so largely revised that it is practically a new treatise. Attention is called to the fact that there is but seventy-five cents difference between the cloth and sheep binding. We have always believed too much difference existed between these two styles.

MANUAL OF SYPHILIS AND THE VENEREAL DISEASES. By James Nevins Hyde, A. M., M. D., Professor of Skin and Venereal Diseases, Rush Medical College, and Frank H. Montgomery, M. D., Lecturer on Dermatology and Genito-Urinary Diseases, Rush Medical College. Philadelphia: W. B. Saunders, 925 Walnut Street. Price, $2.50 net. 1895.

This is really a manual for the student and practitioner rather than for the specialist, in fact the subject has received so much attention of late that its exhaustive discussion requires a volume or even volumes much larger than this. There are large numbers of illustrations and full page plates in colors. It is a concise, clear and readable presentation of the subject.

A MANUAL OF THE PRACTICE OF MEDICINE. By George R. Lockwood, M. D., Professor of Practice in the Women's Medical College of the New York Infirmary. With 75 illustrations in the text and 22 full page colored plates. Philadelphia: W. B. Saunders, 925 Walnut Street. Price, $2.50 net. 1896.

This volume adds another to the popular "aid series of manuals" published by Mr. Saunders. This volume contains nearly a thousand pages and presents the essential facts and the principles of the practice of medicine in a concise and available form. Medical students who have neither time to consult the larger volumes nor any surplus money to invest in this way will do well to look carefully at these manuals. We have here a volume which covers the full system of medicine and which can be purchased for a sum within the reach of all.

The above works can be seen at the book store of W. H. Lowdermilk & Co., of this city.

The Popular Science Monthly for January contains a scathing article from President David Starr Jordan on scientific temperance. He denounces in the strongest terms the work of the women reformers who have brought about the requirements for teaching the physiological effects of alcohol in our public schools.

The American Medical Review is a new medical monthly of current medical literature. It will be to medical literature what the Review of Reviews is to the world of letters. The first number shows an immense amount of work, and represents altogether too much for the low subscription price of $1.00 a year. Address 108 Fulton Street, N. Y.

The Trained Nurse for December comes out in a handsome cover, a Merry Christmas to its 12,000 subscribers. The January '95 number of this Journal was exhausted soon after its appearance with the result that over 500 new subscribers who came in that month were unable to procure the number. The success of this Journal has been unparalleled.

We are in receipt of a number of reprints from Dr. J. Wesley Bovee; Dr. Walter Reed; Dr. S. C. Busey, and Dr. Irving C. Rosse.

THE

NATIONAL MEDICAL REVIEW.

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CHAS. H. STOWELL, M. D., EDITOR.

THE EDITOR'S TABLE.

Uncertain Value of Statistics

If the question were asked, what is the value of a remedy which will reduce the mortality of a disease to ten per cent? the answer would probably be an inquiry concerning the mortality of the disease before said remedy was given. If the mortality was thirty per cent, the remedy would appear far more valuable than if the death rate was only eleven or twelve per cent. This is precisely the situation in the case of the diphtheria antitoxin. Eulenberg, of Berlin, gives the death rate of 4,500 cases treated without antitoxin as 14.6 per cent. A report from the Children's Hospital in Moscow shows there was a death rate of 19 per cent with the use of antitoxin. Dr. Welch of Johns Hopkins, reports a collection of 5,406 cases treated with antitoxin with a death rate of 18.6 per cent. Taking the report of the cases treated without the antitoxin as furnished by Eulenberg, and comparing these with about the same number reported by Dr. Welch treated with antitoxin, and we have the statistical evidence against the serum treatment. This however can hardly be regarded as fair to antitoxin, although it is rather difficult to explain away these facts! It is certain that it is impossible to fix anything like a definite death rate for diphtheria. In favor of the antitoxin treatment we have statistics from certain localities, showing the death rate before and after its use. With scarcely an exception these are strongly on the side of the serum treatment. Taking the ten thousand cases reported by Eulenberg, all of which were treated outside of hospitals, and we have the death rate reduced from 14.6 to 9.5 per cent. Welch reports that under the serum treatment the mortality was reduced from 42 to 18.6 per cent. The point we wish to bring out is that it is possible to take the statistics already published and make them appear unfavorable to the serum treatment, as first recorded above, or give forcible evidence in favor of such treatment. From the published articles the conclusion is evident that no physician can report upon his success with antitoxin, giving his per cent of recoveries as proof, unless he at the same time publishes his own success under different methods of treatment. When a physician reports that he has succeeded in reducing the mortality of this disease from 50 to 20 per cent he certainly feels he has accomplished great things. But his work does not count for much with the man who reports a fatality of 20 per cent under old methods and ten per cent under the new. Having read nearly every article on this subject we have concluded that each writer must be a law

unto himself, so far as statistics are concerned. However, there is this most hopeful and satisfactory fact: With but one or two exceptions, all writers close their communications in language confirmatory to that recently uttered by Eulenberg, who says, "The serum treatment of diphtheria appears the most efficacious yet known, and physicians will find it their most reliable weapon against the disease."

Medical Officer in Public Schools. If school boards and health officers believe in the contagiousness of diphtheria, and if they believe that the disease is caused by a germ, they certainly do not perform their full duty until they appoint a Medical Inspector of Schools. The time to lock the barn is before the horse is stolen; and the time to stamp out diphtheria is before the epidemic begins. The damage has already been done, in a large measure, when the school is ordered closed because of an outbreak of the disease. A number of instances are recorded where, when diphtheria was present, the nasal discharges from children, who did not show the slightest constitutional disturbance, contained the true diphtheria bacillus. This Medical Inspector should not allow any child with a nasal discharge to remain in school, if diphtheria is in the neighborhood, until a bacteriological examination showed the absence of the disease. When the people understood that such a course was the best protection for their children, there would be no opposition. To close a public school for any reason is a serious matter in itself. It is doubly so when the cause is the presence of diphtheria.

Potomac Water. Dr. George M. Kober says that there is much reason for believing that the Potomac water is not at all times free from the danger of producing typhoid fever Dr. Theobald Smith says that turbidity of the Potomac water is always accompanied by a large amount of organic matter and germs, and that fecal bacteria and turbidity are co-incident. Dr. John S. Billings says that the Potomac water is at times so loaded with sediment as to be unfit for bathing as well as for drinking and cooking purposes; and it contains fecal bacilli at all times. Dr. J. J. Kinyoun says that the Potomac water is not at all times free of sewage pollution. No river water receiving as large a quantity of sewage, and this constantly increasing, can ever be above suspicion.

Absorbent Power of the Bladder. It is always pleasing to be confirmed in our opinions, even if we have to wait a long time for it. Some months ago, in a discussion before the Medical Society, we took the position that the healthy human bladder had no absorbent power. The instances reported where evidently there was absorption, occurred in subjects who had some disease of the epithelial lining of that organ. Recently two eminent experimenters have reported the results of their labors in this direction to the Paris Academy of Science. They state that when the lining of the bladder is in a normal condition, absorption never occurs; but if this lining be broken, altered by disease, then absorption is possible.

Normal Noses. A man recently consulted us for the purpose of having a spur removed from his septum. Some weeks ago he was in a physician's office with a friend who was having nasal treatment. From curiosity, he asked the doctor to examine his nose. The doctor did so, making a pencil sketch to illustrate the presence of a large spur on the left side. Its prompt removal was strongly urged. The patient informed us he never had the slightest trouble with his nose, and

yet the presence of this outgrowth was worrying him to such an extent that he could not sleep. We refused to remove it, although we were assured that some one would be asked to perform the operation. A London writer says that an examination of over 2,000 dry sculls showed that more than 75 per cent. had deflections or irregularities of the septum. To correct a deformed septum which does not cause trouble is about as wise as to extract a perfectly sound tooth which has never caused a particle of pain.

He Never Came.

A professional friend tells us of the experiences of a patient of his who had suffered for years from rheumatism. A travelling doctor heard of the case, called, and promised a cure for fifty dollars. After considerable delay he finally accepted one-half cash, the other half to be paid when the cure was complete. The treatment consisted in the local application of a black cat to each leg. The animal was killed, eviscerated and bound tightly around the leg, with the head up. The doctor then left stating that he would return soon and remove the animals, when the cure would be complete. After waiting several days for his return some of the neighbors ventured in and removed the frightful objects. As this occurred during the hottest days of August, the condition of things can possibly be imagined. Up to date the doctor has not called for the remainder of his fee!

The Consumption Cure.

One has but little sympathy for such a man as mentioned above; while we almost admire the ingenuity of the quack who could suggest a remedy which would keep the patient and his friends quiet long enough for the doctor to be well out of town. But what shall we say of those doctors who gamble with death for the sake of a few dollars? Let us illustrate this: A patient of ours has a marked case of phthisis. A residence in the mountains has not only prevented the progress of the disease but has also greatly lessened the cough, checked the night sweats, and increased the weight a number of pounds. And yet right in the midst of this good record the mountain home is abandoned and the patient again comes to the level of the sea, all because a doctor advertises that he can cure consumption. Of course there are a number of persons who believe they had consumption, for this doctor told them so; and they now testify they are cured, for this same doctor assures them of it. Believing the testimonials of these honest people our patient accepts the promising prognosis offered in place of the uncertain one we presented. There was a good chance of living many years and a fair chance of recovery. But with the marked change of climate and the absence of necessary conditions for recovery, we probably have another case where the patient "came home to die". We make note of this case because the travelling doctor and the quack are constantly robbing hundreds of people of all prospects of recovery.

The Study of Pediatrics.

The January number of the Archives of Pediatrics has an editorial on the importance of the study of the diseases of infancy and childhood. The editor regrets that so many institutions pay no attention to this important branch of medicine. It is possible the student has a single clinical lecture a week on the subject, but there is no systematic study. The editor of the Archives is certainly correct in urging that the medical student should have a thorough training in this department. It is a fact that if the student is not well drilled in a subject during his college life, he rarely ever

masters it after graduation. We have instituted a search to ascertain how many medical colleges in this country have full professors of Pediatrics. By a full professorship we mean one which requires a thorough and systematic study of the subject and one which has an equal voice in faculty matters. We find but three colleges which have such professors: Harvard, College of Physicians and Surgeons of New York, and the Medical Department of Georgetown University. In the last institution the professorship is held by Dr. S. S. Adams, of this city.

The Oldest Doctor. Polk's Directory says that the oldest doctor in the United States is now living at Haverhill, N. H., a Dr. Spalding, who graduated from Dartmouth College in 1823. We do not know the date of graduation of some physicians but we should judge from the way they cling to antiquated ideas and methods that they graduated about 1723!

Berlin Ahead. A Berlin physician reports over 100 cases of severe bleeding from the gums after the extraction of teeth. To check the hemorrhage he applies a small amount of Ferripyrin in powder. When a man reports 100 cases of severe hemorrhage in his own practice from such a cause he should be classed with those physicians who have had 3,000 cases of obstetrics, 1,000 dislocated knees, 200 cases of typhoid fever and 500 cases of diphtheria, all surviving!

Starts Out Bad. Langsdale's Lancet is the name of a new medical monthly published at Kansas City, Mo. Dr. John M. Langsdale is the editor and proprietor. The editor announces that the Journal will contain "the pure gold rid of the dross". This starts out bad, for everyone knows that pure gold is too soft to wear well. He says we are to have the "clean grains without the chaff". Yet a little chaffing now and than brushes away the cobwebs and enables us to obtain a brighter outlook. Don't be too good.

Tired Out. The editor of the American Therapist says that he has called attention so many times to the fact that other journals take material from his columns without credit that the task of recording them is "growing wearisome". How would Hood's Sarsaparilla work in such a case?

From the Pension Office. A professional friend hands us the following, taken from the reports of Examining Boards; as they arrive at the Pension office:

"This is my onest dianozes of the case".

"Applicant was holding a lady that was shouting in church; he fell down and the lady fell on him breaking two of his ribs on his right side".

"He was engured in the back by teen running away withe him in wagon and wonded him in back. I treted him for the trubel from apral on for days I per nunc him dis abul for life and he is now in title to your aade."

Free Medical Treatment. A Liverpool merchant agrees to treat all his customers who buy a quarter of a pound of tea each week regularly to free medical treatment. If the number of hospitals and free dispensaries increase much more in this city, the old established practitioners will be obliged to offer a patient three dollars a day for allowing treatment at two dollars a visit, one visit per day.

"Formaline" is a proprietary name. Its use is extensively reported by the best men in the profession. But look out! It is a proprietary drug!

In speaking of an operation on the eye, a writer in an exchange says "Cleanliness is of importance". Thanks for the information. We did not suppose before that it was ever important!

The Charlotte Medical Journal says that Dr. Wm. A. Hammond's private hospital of Washington, D. C., "has met with a degree of success altogether unexampled in the history of private hospitals." The enchantment of distance.

Sir Henry Thompson has recently received by legacy, from a patient, $500,000. Not long since a physician in this city received $5,000 by the will of a patient.

The editor of Modern Medicine, Dr. J. H. Kellogg in speaking of an article by Dr. F. B. Bishop says: "An excellent and interesting paper by a practical electrotherapeutist, who is an enthusiast in his specialty, and who records accurately the results of his work."

The Cleveland Journal of Medicine calls attention to the mis-pronunciation of the word "micrococci". The second "c" is usually pronounced with the hard sound, whereas the fact is there is no authority for such pronunciation. The Century Dictionary gives "si" as the sole pronunciation of the last syllable. It looks as if our new exchange was correct.

From the annual address of the President of the Medical Society of this city, we learn that during the past year the average attendance has been 94, a large increase over the previous year. The remarkable feature about this is that the largest attendance at any one meeting was 111, or only 17 more than the average. This is the strongest kind of proof of the deep interest taken in these meetings.

HOSPITAL REPORT. DEC. 15 TO JAN. 15.

BY J. A. STOUTENBURGH, M. D.

COLUMBIA HOSPITAL.

SERVICE OF DR. J. W. BOVEE.

Cauterization for carcinoma uteri.
Colliotomy and drainage for tubercular peritonitis.
Curettage for endometritis hemorrhagica.
Colporrhaphy, perineorrhaphy and excision for colpocele, lacerated perineum and hemorrhoids.
Enucleation of sloughing fibroid polypus uteri.
Herniotomy for complete inguinal hernia.
Salpingo-oophorectomy for double pyosalpinx and ovarian cysts, adherent.
Salpingo-oophorectomy for double pyosalpinx with ovarian cyst and ovarian abscess.

SERVICE OF DR. J. F. SCOTT.

Restoration of perineum.

SERVICE OF DR. I. S. STONE.

Hysterectomy for fibroma uteri and tubo-ovarian abscess.
Curettage for anteflexion and endometritis.

PROVIDENCE HOSPITAL.

SERVICE OF DR. J. W BOVEE.

Ovariotomy for ovarian abscess.
Salpingo-oophorectomy for unilateral salpingitis and ovaritis.

SERVICE OF DR. J. W. BAYNE.

Skin-grafting for extensive burn of the thigh.
Ligation of internal saphenous vein for varicosities and ulcer of leg.
Incision, curetting and packing for fistula in ano.
Resection and wiring for double com-

pound comminuted fracture of the mandible.

SIBLEY HOSPITAL.

SERVICE OF DR. E. A. BALLOCK.

Curettage for endometritis and retroflexion.

SERVICE OF DR. J. VANRENSSELAER.

Clamp operation for hemorrhoids.

SERVICE OF DR. W. P. CARR.

Circumcision.

GARFIELD HOSPITAL.

SERVICE OF DR. J. FORD THOMPSON.

Abdominal section for ectopic pregnancy.
Amputation of breast for carcinoma.
Amputation of breast and dissection of axilla for carcinoma.
Clamp operation for hemorrhoids.
Circumcision.
Dissection for fistula in ano.
External and internal urethrotomy.
Incision and drainage ischio-rectal abscess, two cases.
Incision and drainage psoas abscess.
Removal cystic tumor of breast.
Reverderis method skin-grafting.
Thiersch's skin-grafting and flap operation.
Tendon suture for lacerated wound of ankle.

SERVICE OF DR. H. D. FRY.

Curettage, two cases.
Curettage and packing uterus.
Enucleation carcinomatous tissue of broad ligaments.
Hysterectomy, abdominal.
Nephrorrhaphy for floating kidney.
Perineorrhaphy, two cases.
Salpingo-oophorectomy, double.
Trachelorrhaphy and resection of vaginal outlet.

SERVICE OF DR. A. L. STAVELEY.

Dilatation of cervix.
Open operation for varicocele.

FREEDMEN'S HOSPITAL.

SERVICE OE DR. D. H. WILLIAMS.

Comp. com. fracture of tibia, wireing fragments.
Comp.com. fracture of skull, trephining.
Necrosis of skull.
Skin grafting.
Double amputation.
Fracture of skull.
Erasion of tarsus.
Abdominal hysterectomy.
Talipes Equino Varus (Phelps operation).
Extirpation, sarcoma of thigh.

SERVICE OF DR. E. A. BALLOCH.

Hemorrhoids (Whitehead's operation).
Carbuncle, occipital region.
Abscess of thigh.
Excision, tumor of scalp.
Excision of astragalus.
Abscess, sublingual.

SERVICE OF DR. E. OLIVER BELT.

Cataract extraction, two.
Iridectomy.

SERVICE OF DR. F. J. SHADD.

Dilatation and curettement of uterus.
Dilatation of cervical stenosis.

COLLEGE NOTES.

NATIONAL UNIVERSITY.

MEDICAL DEPARTMENT.

Prof. W. A. Caldwell has been training the senior class since the first of the year, the boys are getting nervous-diseases—too.

Prof. Wm. M. Sprigg has performed several experiments illustrative of his remarks, and promises several more when he takes up the nervous system. We understand that there are several frogs under training for this purpose.

Prof. Wm. Holland Wilmer, ophthalmologist, is considering the diseases of the cornea and iris. His style of presenting the subject is clear and lucid. The class is expected to attend his clinics on Friday afternoons at 3 o'clock, at Garfield Hospital.

The new chemical laboratory is completed, its construction was begun dur-

ing the holidays; all the equipments are new, including special apparatus and chemicals. Prof. Bigelow expects to accomplish considerable practical work in qualitative analysis.

Prof. Geo. C. Ober has covered considerable ground this term on his subject of materia medica. Numerous quiz's have been held and I believe the class enjoys them—of course they are beneficial. The doctor is thoroughly conversant with his branch, and his standard for the class is high.

Prof. J. T. Winter is just recovering from a serious attack of asthma. During his absence Prof. Smith occupied his hour lecturing on diseases of the larynx. The latter gentleman recently met with an irrepariable loss in the death of his mother. The class unites in extending to him their earnest sympathy in his hour of bereavement.

D. E. Wiber, D. D. S.

COLUMBIAN UNIVERSITY.

MEDICAL DEPARTMENT.

The valedictorian for '96 has been named in Robert L. Lynch, Ph. G.; his nephew, Albert L. Lawrence, Ph. G., being next in rank; and Edwin P. Wolfe, second. All officers have been elected and all committees chosen for '96. Everything is in readiness to begin preparations for commencement of whose rapid approach the president is constantly being reminded by letters from engravers, jewellers, etc., wishing to lend aid in preparing for these interesting exercises.

We now feel that we are in a very practical period of the year's work: Dr. J. Ford Thompson is demonstrating to the seniors a series of most interesting surgical operations upon the cadaver, giving a lecture each evening at 5:30.

Dr. Shute with his subject skillfully prepared by Prosector Heineke is giving in a most instructive manner, much objective work in anatomy.

Dr. King has completed the greater part of his course and is now lecturing upon the instruments of his branch, clearly showing the great advancement made in this line in the last few years.

The laboratory work is especially active: Practical pharmacy under Dr. Morgan is receiving much attention; the chemical laboratory under Dr. de Schweinitz is running at its full limit of students; and the class which before Christmas was in the Bacteriological laboratory under Dr. Walter Reed, U. S. A., is now as ardently working in Pathology.

The dissecting room has an abundant supply of materials, and Dr. Ruffin and his assistants are kept busy with the large number of students here supplementing their study of anatomy.

Seniors are much impressed with the rich field of clinical opportunities. On Sundays at 10:30 a. m., a surgical clinic is given at Garfield by Dr. Thompson. On the same day at Emergency a gynecological clinic is gived by Dr. H. L. E. Johnson at 12:30; this is followed at 1:30 by a surgical clinic by Dr. Kerr; and often at 3:30 by clinics in rectal surgery by Drs. Heineke and Lewis.

Classes for practical work daily by the students themselves have been formed at Emergency under Dr. Kerr.

Dr. Johnston has completed his Saturday clinics in practical medicine at Childrens' and Dr. Acker will continue this course till April.

Every Saturday afternoon Dr. Tompkins gives a clinic on nervous diseases and Dr. Shands each week gives practical instruction in orthopedic surgery at Emergency.

Dr. Cook has the senior class at Garfield, Tuesdays and Thursdays at 4 p. m. in hospital ward practice. Many men are fortunate enough to be present at each of the above clinic weekly, and this coupled with the extra work preparing for graduating leaves little time for anything else.

Dr. Yarrow has begun a course of very ihstructive lectures on dermatology, and realizing the importance of objective lessons stated in his introductory lecture his knowledge of this need, but that with those patients of the Ethiopian type suffering from some very interesting skin diseases, whom he had tried to bring to the college, he had utterly failed. Neither flattery, bribes nor any persuasive arts he could bring to bear had the slightest effect in inducing them to ex-

hibit themselves after nightfall at a medical college before a class of medical students! H. T. A. Lemon.

GEORGETOWN UNIVERSITY.

MEDICAL DEPARTMENT.

Coins of gold will produce the mid-winter exams. Watch the front faculty room and don't all rush at once—get in line.

Dr. B. F. McGrath, '95, has been appointed House Surgeon of the Emergency Hospital, to succeed Dr. P. M. Smith, '94, who leaves in a few days for New York with the best wishes for success from all the boys. We are indebted to him for our practical knowledge of emergency work. Dr. T. B. MacDonald, '95, has been appointed physician to the Washington Asylum. All three are wearers of the blue and gray.

The College Association appointed a committee, a few days ago, to wait on Dr. G. L. Magruder our Dean, to thank him for his earnest efforts in securing the services of Dr. Laplace of the Medico Chirurgical College, Philadelphia, to deliver a series of four lectures on Brain Surgery. The following are a few points takan from his lectures:

1 "After a fall if you examine the skull and find no depression, you must not conclude that there is no fracture; the patient may perhaps have a fracture of the inner table, a fracture of the temporal bone where the groove for the middle meningeal artery runs, giving rise to hemorrhage that results in death. There is no external evidence of it, but nevertheless, he may have a fracture of the inner table, and this may fracture without fracture of the outer table. But how is the diagnosis to be made? There is only one way and you must adopt it tonight and do not forget this principle. If ever a patient is brought to you with a history of traumatism of the head, whether in hospital or private practice, do not discharge that patient until you have seen him at least twenty-four hours.

2 "If a patient dies after fracture of the base of the skull, it is because of the rupture at the base of the brain of certain vessels, certain sinuses, allowing the blood to remain there without removal. If the patient dies, the concussion has resulted in contusion, there has been great compression, congestion, that crushed that brain to death within the skull. It is nonsense to let a person alone; the first principle in surgery is drainage. We must remove or relieve pus in periostitis; and if that is true with the finger. it is true with the brain; for from injury the brain will react and swell and compress itself; and the only way, as soon as you diagnose fracture of the base of the skull, is to trephine, open the dura and drain the bony box, and relieve that brain. It is because of the swelling of the brain that the patient loses consciousness; whereas, he would not die and would want to live if he could be relieved. Therefore, on a level with the zygomatic arch and the greater wing of the sphenoid, trephine, raise the brain a little, open the dura as carefully as you can, and let it drain; for if the injury to the brain has not been sufficient to destroy its function and vitality, that patient will live, because you have only applied to the bain the merest, the plainest and the most simple principle of surgery and applied it because you have been given the confidence to do so. The brain is the kindest, the most pliable organ in the body, you can go very near the medulla, you can tear out the nerves from the pons itself. Have confidence, apply your principles, and treat the brain just as you would treat any other part of the body.

3 "A gun-shot wound of the brain produces symptoms entirely dependent upon the direction the bullet has taken. After entering the skull many a bullet glances around without passing through the brain itself. In a general way, bullets that have penetrated the skull should not be probed for. We must leave the bullet severely alone, until unpaired function leads us to suspect the presence of a bullet and its location.

4 "The surgeon should not hesitate in every case of meningitis or cerebritis to drain the brain. Remove the intra vascular pressure from the spot that is irritated, for if ever it is indicated to remove pressure within an important structure,

it is especially indicated in pressure upon the brain. Every brain that is irritated, is a brain that is congested, and every brain that is congested is compressed, and every brain that is compressed exists pathologically, and the symptoms that appear in consequence of this condition are diagnostic, and if drainage is necessary, I hope you will always resort to an operation which will invariably give relief, even cure and never do any harm to the brain—drainage.

5 "The removal of the gasserian ganglion for the relief of tic doloureux, or neuralgia of the fifth pair of nerves. The operation consists in making an incision, starting immediately above the external auditory meatus, down to the bone, cutting the periosteum and continuing the incision in a semi-circular direction over to within a half inch of the external angle of the orbit. The lower portion of the incision must be on a level with the zygomatic arch. Then with a chisel and hammer proceed to cut through the external plate of the skull, on a line corresponding with the incision you have made on the scalp, over again cutting through the deplœ, and over again cutting a little deeper until you feel by the delicate sense of touch a sensation as if something were yielding, a cracking sensation of the inner glassy plate. Here you are within the points of danger, do not go any deeper for fear of wounding the dura mater, for if the dura is wounded about the center of the incision, you are likely to injure the middle meningeal artery, which is within or between the folds of the dura in the groove of the temporal bone. Depend as much as possible upon a sharp, quick knock with the hammer, this will be enough to crack the bone all around. When the bone is loose it can be lifted with a lever, break it on a lever with the zygomatic arch, and your osteoplastic flap is complete and the dura mater exposed to view. Now that the dura has been removed the problem is to lift the brain until you reach the foramina through which these branches pass, you will recognize them immediately, the little ridge beneath which is the sphenoidal fissure. The first branch is a guide to the second, the second is behind the sphenoidal fissure, it is an open space that can not be mistaken, behind is the foramen rotundum and it is through this foramen that the second branch emerges. Having found the second branch, you know that there is nothing between it and the third: the third passes through the foramen ovale. Having secured the second and third branches you know that they meet somewhere, follow them up and you reach the famous gasserian ganglion. Grasp the branches with the hæmostatic forceps and roll one over the other and sever the nerves from their attachment to the pons. You can drag these two nerves out of the pons itself—next to the very origin of the pneumogastric, upon which your heart and breath depends. This is the highest and most sublime development in surgery. If we go further than this we kill the patient. In this instance we go as near as ever man has gone and perhaps as near as man ever will go without doing that which kills. Having evulsed the nerves from the pons a great shock follows and the patient squirms and writhes even under the influence of ether; but the patient gets well within a few days. This extreme operation is the only one which will bring about a permanent cure of trifacial neuralgia or tic doloureux.

J. Milton Heller.

The Calendar which comes to us from Stearns & Co. is a remarkable example of the wonderful developments in the art of color painting. It is a handsome piece of work.

"Who knows what the death rate is here?" asked the statistical boarder.

"Why," gurgled the cheerful idiot, "anybody ought to know that there is one death apiece for every inhabitant."—Medical World.

The Irishman said he had ten of them Calendars and yet he had about as much trouble as ever in telling the day of the week. Park, Davis & Co. send us a handsome calendar, the only trouble with it being that we spend altogether too much time looking at that poor cat.

PROCEEDINGS OF MEDICAL SOCIETY OF D. C.

Continued Discussion on Consanguineous Marriage as a Factor in the Cause of Disease.

discussion by dr. wm. ward.

Dr. Ward said he knew, as all others did, that there were laws both written and unwritten, against such marriage, and that both christians and jews prohibited it. It was prohibited because it was generally believed by all mankind to constitute a factor in disease. He had accounted for this, as follows: all persons have a tendency to disease of some kind. Now as one family has generally the same tendency to disease, so consanguineous marriage intensifies this tendency, and thus it follows there is greater reason to look for earlier developments of disease in the offspring. The whole matter of such marriages is involved in the subjects of heredity, and observation on this point seem to confirm the general opinion that it is a factor in disease.

Dermatitis Exfoliativa.

At the meeting of the Medical Society for Nov. 13, Dr. Beatty read a paper on the above subject.

discussion by dr. j. c. mcguire.

Dr. McGuire said that this disease was a very rare one and confined almost entirely to adult life. There was very little discharge in Dermatitis Exfoliativa, and what there was existed in the folds of the skin. The nomenclature of this disease was very confusing. The name was given it by Sir Robert Wilson, and before this it was called pityriasis rubra. Both these diseases are simply different manifestations of the same disease; that is, the same pathological condition gave rise to the different forms of the disease. He had seen one typical case of Dermatitis Exfoliativa in a young woman thirty-five years of age. The disease was absolutely universal in this case, large scales pealing off by the pint or quart every twenty-four hours. She recovered under the use of diuretics and simple vaseline inunctions. He had also seen a case in this city some years ago in consultation with Dr. Yarrow.

discussion by dr. h. c. yarrow.

Dr. Yarrow said his case was first diagnosed as a case of scaling eczema. The whole body was covered with heavy crusts. He had seen one case of pityriasis rubra in an old gentleman in whom it lasted over ten years. At the time he saw the patient the skin was shedding not less than a quart of scales every twenty-four hours. The man finally died from exhaustion and worry. He was a distinguished officer of the medical corps of the army. No treatment seemed to do him any good.

closing discussion by dr. beatty.

Dr. Beatty said that the surface where the skin fell off was left a little moist so the clothing would adhere to it if left unprotected; but there was no serous discharge.

A Case of Rabies.

At the same meeting of the Society Dr. A. Behrend read a paper on the above subject. This paper appeared in full in the January number of Practical Medicine.

After describing the case in detail, Dr. Behrend entered into a discussion of the virus of this disease; through what channels it was transmitted to the brain and cord, etc. All text books on the subject say that the nearer the injury to the brain, the shorter the incubative stage. And yet how can it make any difference if the virus is absorbed by the lymphatics or the blood vessels? Dr. Behrend asks if it did not seem probable that the virus finds its way to the brain by entering an open or injured nerve trunk, and by catabolic action slowly travel upwards within the sheath until it finds its last resting place in the cord and brain? Most writers on the subject say that the shortest incubative stage was twelve days, rarely less than thirty days; in this case the incubative stage was thirteen days.

discussion by dr. d. e. salmon.

Dr. Salmon said that although some members of the medical profession taught that most, if not all, cases diag-

nosed as rabies were simple nervous disorders caused by worry and fright, following the bite of a dog supposed to be rabid. There can be no question however about the specific nature of the disease. Dr. Salmon said that in his laboratory, from Jan. '93 to Jan. '94, one case of rabies in man and ten cases in dogs had been verified as occurring in the District of Columbia and the surrounding country. If this number of rabid dogs could be discovered with so little difficulty he thought it was an indication of a marked prevalence of the disease in this part of the country. To decrease the disease he would suggest the three following measures: (1) all cases of rabies should be reported to the Health Department; (2) a tax should be placed on all dogs and adequate measures adopted to secure the collection of the same; (3) all dogs upon which the tax was not paid should be gathered up and destroyed. A large number of worthless curs were permitted to run at large which accounted for the great number of cases of the disease and made the danger so great.

DISCUSSION BY DR. MOORE.

Dr. Moore says that the cases collected by Dr. Salmon were from a comparatively small area in the District. About eleven cases of rabies in dogs were collected in a little over a year in the northeastern section of the city alone. He knew one man who had lost seventeen animals with this disease. The symptoms differed so widely that the only positive diagnosis was by inoculation. Knowing the variability of the symptoms of this disease in the lower animals led him to believe that many cases of rabies in the human species escaped detection. Dr. Moore said there should certainly be a law to exterminate homeless dogs and to compel owners of all dogs to keep them on their premises and not allow them to threaten, as they do now, the lives of human beings with one of the most dreaded of all diseases.

DISCUSSION BY DR. WALTER REED.

Dr. Reed gave some statistics showing the fall in the number of cases of rabies in the large cities of Europe upon the adoption of taxation on dogs. He thought all physicians should be familiar with the symptoms of the disease as it occurred in dogs. The dog at first becomes very quiet and lies down in some secluded spot. He is never fierce at first. Afterwards he becomes restless and moves about. He will obey his master though slowly. Soon there are hallucinations and the animal bites at imaginary objects, as the air. During this time he eats ravenously. He has no fear of water, this symptom not making its appearance until later in the disease. Any dog which shows a marked change in its habits or disposition should at once be regarded with suspicion.

DISCUSSION BY DR. E. M. SCHÆFFER.

Dr. Schæffer said that nine out of ten people thought that if a dog drank water when it was offered him, the animal did not have rabies. This opinion should be corrected. Within the past twenty-five years, sixty-four cases of hydrophobia have been reported in this city.

DISCUSSION BY DR. FORWOOD.

Dr. Forwood said that recent experiments had proven that the saliva of a rabid animal may be infectious two or three days prior to the appearance of any recognizing symptoms of rabies; or, in other words, while the animal is yet in the state of apparent health. There is no more dread of water than of any other fluid, for there is an aversion for fluids of all kinds. The sight of water does not disturb the patient or animal; but anything which suggests the idea of drinking or swallowing makes him excited. On the part of animals there is no intent to kill or to fight, but merely to give a few vicious bites in silence and then pass on. If attacked by a rabid dog a coat or a shawl or an umbrella may serve as an object on which he may expand his passion for biting and then pass on. The disease is not influenced by season.

DISCUSSION BY DR. J. W. H. LOVEJOY.

Dr. Lovejoy said he had practiced medicine in this city for a good many years and, so far as he knew, the case he saw with Dr. Behrend was the first case he had ever seen. If the diagnosis had not been confirmed by the experiments on the rabbits he would have hesitated

to believe that the case was one of hydrophobia. He believed there were more than 50,000 dogs running about this city. Although he was very fond of dogs, yet if he had the power he would not allow a dog to come within the boundary line of the city.

DISCUSSION BY DR. J. W. CHAPPELL.

Dr. Chappell called attention to the paper he read before the society last year on this subject. He then tried to impress upon the society the importance of recognizing the symptoms of hydrophobia in the dog. He wish also to express his belief in the efficacy of the Pasteur treatment which showed a mortality of only one-half of one per cent.

DISCUSSION BY DR. A. A. SNYDER.

Dr. Snyder gave a detailed account of the actions of a very fine dog of his. Calling in a veterinarian, the doctor said the dog was suffering from rabies and would be dead in twenty-four hours. The animal died within a few hours, although he had not been bitten or injured in any way. Dr. Snyder endorsed what Dr. Lovejoy had said regarding dogs in this city.

Treatment of Diphtheria with its Antitoxin.

At the meeting of the Medical Society for December 4th, Dr. C. W. Richardson read a paper on the above subject.

DISCUSSION BY DR. S. S. ADAMS.

Dr. Adams said that so far as the disappearance of a membrane and the immediate beneficial effect of the treatment by antitoxin was concerned, it was utterly impossible to appreciate them if they had not been seen. He urged the early administration of the remedy and was sstisfied that if some of the unsuccessful cases had been given the injections earlier the treatment would have been more successful. The doctor called attention to the report of Dr. F. G. Morrill of Boston, to show the prophylactic power of the antitoxin. An epidemic at the Children's Hospital in Boston had been completely stamped out by its use. If local treatment can be given without too great resistance on the part of the child, it should be carried out; but when there was marked resistance the applications exhausted the patient and he thought the child stood a better chance if the antitoxin alone was used.

DISCUSSION BY DR. J. J. KINYOUN.

Dr. Kinyoun thoroughly discussed the whole subject of the theory and practice of the antitoxin treatment. He called particular attention to the recent report by Dr. Welch of Johns Hopkins. The doctor said that he felt almost like saying with the reader of the paper, that the failure to use antitoxin in the case of human diphtheria is criminal.

DISCUSSION BY DR. W. W. JOHNSTON.

Dr. Johnston said he was an advocate of the antitoxin treatment to the extent of not hesitating to use it. He did not believe there was a physician in Washington who would decline to use it. The aspect of diphtheria has been greatly altered. Many cases which previously would have had no particular attention paid to them, now are diagnosed as true diphtheria. He says there was no positive agreement between the bacteriological and clinical disease. If a child with a perfectly clear throat had the bacilli in its secretion, could not a child with a simple sore throat have the bacilli present and still not develop clinical diphtheria? In an epidemic reported by Mosler, there were 313 cases with a mortality of 14.5 per cent without antitoxin. The mildness of the epidemic is an important factor. He did not believe there was a universal admission in favor of this treatment. Statistics have not existed for a sufficient length of time on this particular subject. Individual observations did not permit him to conclude that it produced the great results which had been claimed for it. Eighty per cent of the children to whom Dr. Marlow administered antitoxin had albumen in their urine. Dr. Johnston also called attention to other pathological conditions after the use of the antitoxin. While the dangers are not great enough to make us hesitate to use it when necessary, yet we should be reasonably sure of the correctness of the diagnosis before so doing. The injection in some cases was not necessary and might do harm. The two horns of the dilemma might be

thus stated: (1) If you inject all cases, it is certain that a number of those thus treated, the antitoxin was not needed, and that in a certain number of cases it may have done harm; and (2) If you wait for clinical proof of diphtheria it will be too late and the antitoxin will have no effect. Dr. Johnston said it was his desire to favor rather than oppose a method of treatment which bids fair to be a great blessing to the human race. He wished simply to state that the statistics presented by the advocates of the antitoxin treatment are being widely criticized, and a discussion of any new remedy was always desirable.

DISCUSSION BY DR. WALTER REED.

Dr. Reed presented a number of statistics from individual hospitals, and for different periods of time, to show how the mortality of diphtheria had fallen under the antitoxin treatment. He also replied in detail to criticisms which had been made on the treatment.

MEETINGS OF THE MEDICAL SOCIETY.

At the meeting of the Medical Society for Nov. 20th. Dr. G. N. Acker presented the following specimens: Endocarditis in an infant, case and specimen. Case of Chlorosis in a girl seven years of age, accompanied by Edo- and Pericarditis, congestion of lungs, pleurisy, and hypertrophy of the liver.

At the meeting of the society for Dec. 11th, Dr. Swan Burnett presented a specimen of intra-qranial tumor, with the history of the case. Dr. E. Oliver Belt presented a patienr upon whom he had performed Skin-grafting for Ectropion. Dr. H. L. E. Johnson presented the following specimens, with history: Unruptured hymen; a number of specimens of ovaries and tubes removed. Dr. J. W. Bovee presented the following specimens with histories: Double pyo-salpinx; nephrectomy for pyo-nephrosis; submucous fibroid from the uterus. Dr. S. S. Adams presented the following case for Dr. Edwin Gladmon: Acute infectious endocarditis. These specimens were discussed by Drs. Blackburn, Kerr, Bovee, Adams, Lamb, Reed, Johnston and others.

THERAPEUTIC SUGGESTIONS.

"It is fear which causes much of the fatality from chloroform."

Corn silk is highly recommended in chronic cystitis, prostatitis and catarrhal inflammations.

Alumnal is now used in a 10 per cent aqueous solution as a hæmostatic, especially about the nose and throat.

A disinfecting powder for atrophic rhinitis is composed of one part europhen and three parts zinc stearate.

An Italian physician now uses calomel for all kinds of dressings of wounds and sores where he formerly used iodoform.

A writer in the Medical Record says that tartar emetic is a positive oxytocic, "it almost usurps the place of the forceps."

The fluid extracts of eucalypus, in five drop doses, is recommended for the cough and eye-troubles which accompany measles.

In eczema of the nose, occuring in children of low vitality, give constitutional treatment, as the syrup of the iodide of iron.

Codeine has a special action upon the nerves of the larynx; hence it relieves a tickling cough better than any ordinary form of opium.

If scrofulous children have rhinitis, cod liver oil and the hypophosphites will do more for a cure than any amount of local treatment.

In pigmentary diseases of the skin, especially about the face, the use of mercuric chloride in watery solution is highly recommended.

To cut short an attack of asthma, spray the back of the patient with chloride of methyl, from above downward and from below upward.

A recent writer says that one hundred grains of grape sugar will not affect the

urine of a healthy subject, but in cases of insipient diabetes it produces glycosuria.

The effects of nitro-glycerin last for a few minutes only. For this reason it is best given in small doses at frequent intervals, unless it is prescribed to meet some crisis.

Dr M. V. Ball, of Philadelphia, reviews the whole subject of cocaine poisoning and concludes that a maximum dose hypodermically should never exceed one-half grain.

Never use any ether for inhalation which has been left over. A fresh bottle should be opened for each operation. It is the deterioration of the ether by contact with air that is the principal cause of the inflammation of the repiratory tract following its inhalation.

Dr. W. R. Chittick of Detroit, says there is no remedy equal to codeine in the treatment of diabetes He has never seen a single case where a habit for the drug was induced. Next to codeine he regards iodol as the best remedy. He says this is strange when the chemical composition of these drugs is entirely opposite. After all there is probably no remedy equal to a proper diet.—Practical Medicine.

How Not to Get Deaf. One of the prominent consultants of this city—a man credited with most acute hearing—has stated to us that for a long time past he has adopted a little physiological "wrinkle" as a regular part of his morning and evening toilet, and with the object of avoiding the deafness, slight or greater in degree, so commonly an accompaniment of advancing years.

As this gentleman well says, to no one is a perfect ear more essential than to the physician upon whose accuracy of diagnosis, in a heart-case or lung-difficulty, will rest the welfare of his trusting patients. A deaf doctor, or even one a little hard of hearing, may at times be as dangerous a guide through the windings of disease as a blind, or even a dim-sighted pilot would be in the maze of a tortuous channel.

The "wrinkle" to which we allude is the use of the "Valsalvian experiment," and its reverse.

It is usually stated that one of the commonest—perhaps the most frequent—cause of deafness is obstruction of the Eustachian tubes. This may be the result of unremoved pharyngeal lymphoid growths, pressing upon and closing their mouths; it may be due to the chronic naso-pharyngeal catarrh which, in some degree, is almost universally present with us of the North-East American seaboard; and to sundry other causes. When such occlusion of these tubes is a fact, the air within the tympanic cavity no longer has free communication with the outer world; and partly because of the unequal atmospheric pressure on both sides of the ear-drum, in time comparative rigidity of that drum-membrane and of the joints of the ossicles will be found. Hence, because delicate vibrations are not so readily transmitted to the inner-most ear, there will be more or less deafness.

Of course all the above is mere platitude to the aurist; and he blows air through the tubes—or tries to—by the Politzer bag, or the Eustachian catheter.

But the Valsalvian experiment, when it succeeds, is just as good or better, and much simpler. In it, the patient is told to close his nose with his fingers, and then blow; trying to force the air into the ears through the tubes. Swallowing meanwhile aids this. If he succeeds, the "reverse-Valsalvian" is the next step; in which, with the nostrils still closed, he sucks air down the tubes, out of the middle ears. This is repeated a few times—in and out—and the patient is guided by his own sensations as to the amount of force to use, stopplng short of causing pain in the tympani. He must be warned not to do this act too frequently, lest he induce excessively lax and stretched drum-membranes.

The "negative" Valsalvian experiment differs from the "reverse" Valsalvian only in method, and in being less effectual as a rule. In it the patient swallows some fluid while holding the nose closed, and thereby creates a slight vacuum in the pharynx, at the same time that the act of swallowing opens the tube-ends there. Consequently, if the tubes are patent, the air is necessarily drawn them, for the moment.

To return to our consultant, who wishes to avoid a tendency to obstructed tubes, and to the comparative rigidity of ossicle-joints and drum-membranes which creeps on with advancing years. He never has been deaf, and simply wishes never to become so.

With this thought in view, he uses the Valsalvian and its reverse-experiment night and morning always; doing it perhaps a half-dozen times gently, and devoting possibly a half-minute to it. To avoid possible forcing of mucus up the tubes, begin and end with the reverse experiment.

Not much of a price to pay, this amount of bother, for so happy a result! —N. Y. Polyclinic.

THERAPEUTIC NOTES.

Not so Fat. J. W. Huntington, M. D., reports a case of obesity reduced from 207 to 148 lbs. by the use of Phytoline.

A Clean Dressing. Dr. W. H. Gray, of Michigan City, Ind., says that Pineoline is one of the neatest and cleanest of dressings for old sores and inflamed surfaces. There is no offensive odor connected with it, and its use gives perfect satisfaction.

In Nervous Disorders. Dr. A. B. C. Clements of this city, says of Peacock's Bromides that it has decided superiority in nervous disorders. In efficacy and the promptness of action, regardless of idiosyncrasy and other conditions, these bromides always give satisfaction.

Neoplasm in the Stomach. Dr. E. Costa of Alagna,, Italy, reports a case of a woman suffering from neoplasm in the stomach in which the intense pain was entirely relieved by the use of Bromidia It never produces nervous or cardiac disturbance, and did not fail to produce refreshing sleep.

In Kidney and Bladder Trouble. We are in receipt of a number of statements from physicians who relate their successful use of Sanmetto in kidney and bladder troubles. This remedy is especially useful when there is irritation or inflammation of the mucous membranes of these parts.

Henry's Tri-Iodides. Dr. C. J. Rademaker, of Louisville, Ky., says that this preparation promptly relieves obstinate pain in parenchymatous organs, formerly called rheumatism, and attributed to exposure or other causes, and all diseases of mucous membranes and quiets the nerves without opiates.

How to Treat a Cough. A recent number of the New York Medical Journal contains an interesting article on How to Treat a Cough. After a general discussion of the various kinds of coughs the writer concludes that there is no combination equal to Antikamnia and Codeine administered in tablet form.

The new Petroleum Combination. The combination of petroleum oil with grain nutritives, known as Petrojel, is meeting a generous reception by the profession. A recent article by Dr. W. F. Nutten of Newark, N. Y., speaks very highly of this for the coughs and colds of children especially. The cough is soothed, the inflamed membranes are healed, and the system supported at the same time.

A new Uric Acid Solvent. Lately a remedy, known as Lycetol, has been introduced as a uric acid solvent. It is a combination of piperazine with tartaric acid. In doses of from twenty to thirty grains daily in an abundance of water it promotes diuresis in gouty cases and greatly increases the elimination of uric acid by the kidneys; its administration being often followed by a discharge of uric acid gravel in the urine.

Fashions in Medicine. One of our exchanges gives an interesting account of the various fashions in antiseptics. We first had carbolic acid, then iodoform, and last of all corrosive sublinate. The writer predicts that even this last will soon be dethroned. All this time, Listering has been used with eminent success and by the principle surgeons and physicians of the United States. It is used more to-day than ever before.

GRAY'S TONIC. This mixture consists of ingredients which present an admirable combination for the promotion of the appetite and for checking tissue waste. It checks fermentation and increases assimilation. It will be found especially useful where oils and emulsions are not tolerated and where iron and stychnine cannot be employed.

A RESTORER OF DIGESTION. The Sultan Drug Co. announce that their new preparation Seng is not an artificial digestant, but it acts by restoring the natural functions of digestion. When taken info the stomach it encourages the fiow of natures own pepsin. It does not dissolve food itself but aids the stomach to perform its own work.

BOOK REVIEWS.

AN AMERICAN TEXT-BOOK ON SURGERY. For Practitioners and Students. Edited by William W. Keen, M. D., LL. D. Professor of Surgery in the Jefferson Medical College, Phila.: and J. William White, M. D., Ph. D., Professor of Surgery in the University of Pennsylvania: together with eleven other authors, Distinguished as Surgeons. Second edition, carefully revised. Philadelphia: W. B. Saunders. 1896. Price $7.00 cloth: $8.00 sheep; $9.00 half Russia. For sale by subscription only.

The first edition of this text-book was adopted in over sixty medical schools in our own country. Although only three years have passed since this edition appeared, yet it is necessary to add a number of topics and expand others. Some of the poorer illustrations are here replaced by new ones and a number of entirely new illustrations added. A large number of these illustrations, and especially the full-page plates are entirely original. There are nearly forty of these plates alone, while the number of illustrations exceeds five hundred. The especial prominence given to Surgical Bacteriology and the most recent methods of treatment in relation to asepsis and antisepsis are no minor feature of this magnificent and exhaustive treatise. We trust all our readers will have an opportunity to examine this superb work.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY. Edited by Geo. M. Gould, M. D.; aided by a large force of eminent Physicians and Surgeons. Philadelphia: W. B. Saunders. 1896. Pages 1,182. Price $6.50 cloth; $7.50 half morocco. For sale by subscription only.

We have here a digest of scientific progress in all branches of Medicine and Surgery, drawn from Journals and other sources, from leading American and Foreign authors. The work is profusely illustrated with a large number of woodcuts and with thirty-three handsome half-tone and colored plates. We notice the case of Hemihypertrophy reported to our Medical Society by Dr. S. S. Adams. The illustrations of the boy are very good and will be quickly recognized. No attempt is made in this work to give a complete summary of all published matter during the year; but rather to give only those things which are or may be contributory to the progress of Medical Science. In other words, the Publishers give in one volume an amount of information which would require a whole year's reading to obtain by a single person. Such a year-book is to medicine what the Review of Reviews or Public Opinion is to the laity.

APPENDICITIS. P. Blakiston, Son & Co., announce a new work on Appendicitis, by John B. Deaver, M. D., of the University of Pennsylvania. It will be fully illustrated and will be a complete treatise on the subject.

DONT'S FOR CONSUMPTIVES. The Medical Reporter Publishing Co., of Rochester, N. Y., annocnces the early appearance of a work on Dont's for Consumptives, or the scientific management of Pulmonary Tuberculosis, by the editor of the New York State Medical Reporter, Dr. Chas. W. Ingraham.

DIPHTHERIA ANTITOXIN. We are in receipt of a copy of a forty-page book on Antitoxin, issued by Schulze-Berge and Kœchl, of New York. It contains very interesting reading on this new and important subject. This same firm issue a monthly publication, Therapeutic Progress, which will be sent regularly to any physician who will request the same.

THE POPULAR SCIENCE MONTHLY for January contains an illustrated article on the Smithsonian Institution. Among the illustrations are some beautiful engravings of exterior and interior views of the building. The February number also contains an interesting articlc on the same noble institution.